

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2019

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

MAY 20 2019

BY

016008

1. Entity ID Number <u>000053920</u>		2. Exact name of the Corporation <u>Saint Bartholomew Church Corporation</u>	
3. State of Incorporation <u>Rhode Island</u>		5. Brief description of the character of business conducted in Rhode Island <u>Roman Catholic Church of Worship</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>297 Laurel Hill Ave.</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02909</u>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Most Rev. Thomas J. Tobin</u>		Vice-President Name <u>Rev. Msgr. Albert A. Kenney</u>	
Street Address <u>One Cathedral Square</u>		Street Address <u>One Cathedral Square</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02903</u>		Zip <u>02903</u>	
Secretary Name <u>Rev. Vilmar Orsolin, C.S.</u>		Treasurer Name <u>Rev. Vilmar Orsolin, C.S.</u>	
Street Address <u>297 Laurel Hill Ave</u>		Street Address <u>297 Laurel Hill Ave</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>02909</u>	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Most Rev. Thomas J. Tobin</u>		Director Name <u>Rev Msgr. Albert A. Kenney</u>	
Street Address <u>One Cathedral Square</u>		Street Address <u>One Cathedral Square</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02903</u>		Zip <u>02903</u>	
Director Name <u>Rev. Vilmar Orsolin, C.S.</u>		Director Name <u>Mr. Peter Marinucci</u>	
Street Address <u>297 Laurel Hill Ave</u>		Street Address <u>2 Sunset Ave</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u>
Zip <u>02909</u>		Zip <u>02909</u>	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative <u>Rev. Vilmar Orsolin, C.S.</u>		Date <u>5-16-19</u>	
Signature of Officer/Authorized Representative <u>Rev. Vilmar Orsolin, C.S.</u>			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov