

State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation
→ 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 2 0 2019

	•	•		BY UIW	<u> </u>		
1. Entity ID Number	2. Exact name of	f the Corporation					
000053920	Saint T	Bactholor	mew Church (	acon co Tiam	_		
State of Incorporation	5. Brief description	on of the characte	er of business conducted in Rhode	or Valation	)		
Rhode Island			· · · · · · · · · · · · · · · · · · ·	· ionai io			
4. NAICS Code	Rina	- Guli	. Church of Wors	Lin			
813110	Nome	n amous	Charan o. mois	"7"			
6. Principal Office Address			City	State	125-		
297 Laurel Hi	Il Ave.		Providence	RI	Zip		
7. List ALL officers (names and add	iresses)				02909		
President Name		<del></del>	Mino Dennido estáto	Check the box to indicat			
Most Rev. Thomas J. Street Address	lobin		Rev. Msgr. Alber	T A. Kenne	.4		
One Cothedral So	ware	<del></del>	One Cathedral		1		
City Providence Secretary Name	State	Zip 02903	City Jence Treasurer Name	State	Zip		
Secretary Name	1,	06705	Treasurer Name	- KL	02903		
Rev. Vilmar Orsolin, C.S. Street Address			Rev. Vilmar Orsolin, C.S.				
297 Laurel Will An	ve_	!	Street Address 297 Laurel Hi	. <del>-</del>			
Providence	State RT	Zip 02909	City Providence	State / Z	Zip		
8. List ALL directors (names and add	dresses). RI Corpr	orations MUST is	at at least THREE directors	1/2	02909		
		<u> </u>		heck the box to indicate	te an attachment		
Most Rev. Thomas J	I. Tohin	1	Director Name Rev Msgr. Albert	r n Kanada			
Street Address			Street Address -				
One Cathedral	Sq ware	Zip	One Cathedral	Souare			
City Covidence	State RI	02903	City Jence Director Name	State	Zip 02903		
Revi Vilmar Ors	i i		Director Name Mr. Peter Marin		1 1 - 0		
Street Address 297 Laurel Hill			Ou cet Auguess				
a. a	O4-1	Zīp	2 Sunset Are	State	Zip		
9. Registered Agent in Rhode Island	This information is	02909	Providence		1 4 4 0 . 0		
Under penalty of perjury, I declare	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 begins are found to the statements.						
The same and the same same same same same same same sam	m committed life A	an are true and co	COTTECL				
This report must be signed by either the Presid	ient, Vice-President, Ser	cretary, Assistant Secr	etary, Treasurer, duly Authorized Represent	tative, Receiver or Trustee	e		
Name of Officer/Authorized Represe	ntative	Λ -		Date			
Signature of Officer/Authorized Repre	2/Solin, (	<u>s.</u>		5-16-	-19		
Rev. Vilman ON		S			<del></del> :-		
	<del></del>						

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov