

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 000053920		2. Exact name of the Corporation Saint Bartholomew Church Corporation	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Roman Catholic Church of Worship	
4. NAICS Code 813110			
6. Principal Office Address 297 Laurel Hill Ave.		City Providence	State RI
		Zip 02909	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Most Rev. Thomas J. Tobin		Vice-President Name Rev. Msgr. Albert A. Kenney	
Street Address One Cathedral Square		Street Address One Cathedral Square	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Secretary Name Rev. Vilmar Orsolin, C.S.		Treasurer Name Rev. Vilmar Orsolin, C.S.	
Street Address 297 Laurel Hill Ave		Street Address 297 Laurel Hill Ave	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
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 Most Rev. Thomas J. Tobin		Director Name Rev. Msgr. Albert A. Kenney	
Street Address One Cathedral Square		Street Address One Cathedral Square	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Director Name Rev. Vilmar Orsolin, C.S.		Director Name Mr. Peter Marinucci	
Street Address 297 Laurel Hill Ave		Street Address 2 Sunset Ave	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
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 Rev. Vilmar Orsolin, C.S.			Date 5-16-19
Signature of Officer/Authorized Representative Rev. Vilmar Orsolin, C.S.			

MAIL TO:
Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov