



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019

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.

1. Entity ID Number 000030098		2. Exact name of the Corporation Saint James Church of Manville Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island <i>The religious needs of the people</i>			
4. NAICS Code 813110 - Religious Organ <input type="checkbox"/>					
6. Principal Office Address 33 Division Street, P.O. Box 60			City Manville	State RI	Zip 02838
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	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Rev. Thomas J. Ferland			Treasurer Name Rev. Thomas J. Ferland		
Street Address 33 Division Street, P.O. Box 60			Street Address 33 Division Street, P.O. Box 60		
City Manville	State RI	Zip 02838	City Manville	State RI	Zip 02838
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	Zip 02903	City Providence	State RI	Zip 02903
Director Name Rev. Thomas J. Ferland			Director Name Mr. Brian Hunter		
Street Address 33 Division Street, P.O. Box 60			Street Address 9 Pine Grove Avenue		
City Manville	State RI	Zip 02838	City Lincoln	State RI	Zip 02865
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <i>Rev. Thomas J. Ferland</i>					Date <i>5/20/2019</i>
Signature of Officer/Authorized Representative <i>Rev. Thomas J. Ferland</i>					FILED

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

SIGN DOCUMENT HERE

FILED
 MAY 23 2019
 BY 13537 KM