



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation2019

STAMP

→ 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 <u>28970</u> | | 2. Exact name of the Corporation <u>The Church of the Holy Cross of Central Falls, RI</u> | | | |
| 3. State of Incorporation <u>RI</u> | | 5. Brief description of the character of business conducted in Rhode Island <u>Church</u> | | | |
| 4. NAICS Code <u>813110</u> | | | | | |
| 6. Principal Office Address <u>320 High Street</u> | | | City <u>CENTRAL FALLS</u> | State <u>RI</u> | Zip <u>02863</u> |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name <u>MICHAEL ZAREK</u> | | | Vice-President Name <u>THOMAS ZAREK</u> | | |
| Street Address <u>363 LINDSEY STREET</u> | | | Street Address <u>461 GILBERT STREET</u> | | |
| City <u>ATLEBORO</u> | State <u>MA</u> | Zip <u>02703</u> | City <u>MANSFIELD</u> | State <u>MA</u> | Zip <u>02048</u> |
| Secretary Name <u>MARYANN ZAREK</u> | | | Treasurer Name <u>WANDA JANUZZ</u> | | |
| Street Address <u>363 LINDSEY STREET</u> | | | Street Address <u>77 SEAKENT ROAD</u> | | |
| City <u>ATLEBORO</u> | State <u>MA</u> | Zip <u>02703</u> | City <u>PAWTUCKET</u> | State <u>RI</u> | Zip <u>02861</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>JANICE DZIAKO</u> | | | Director Name <u>CLAIRE OSIENSKY</u> | | |
| Street Address <u>15 LEIGHAS LANE</u> | | | Street Address <u>2012 WEST STREET</u> | | |
| City <u>COVENTRY</u> | State <u>RI</u> | Zip <u>02816</u> | City <u>WRENTHAM</u> | State <u>MA</u> | Zip <u>02093</u> |
| Director Name <u>BRENDA RICHARD</u> | | | Director Name <u>STEPHEN MENDRZYCHOWSKI</u> | | |
| Street Address <u>38 HOPE AVENUE</u> | | | Street Address <u>18 ALLENS LANE</u> | | |
| City <u>SO. ATLEBORO</u> | State <u>MA</u> | Zip <u>02703</u> | City <u>REHOBOTH</u> | State <u>MA</u> | Zip <u>02769</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>MARYANN ZAREK</u> | | | | Date <u>5/30/19</u> | |
| Signature of Officer/Authorized Representative <u>Maryann Zarek</u> | | | | SIGN DOCUMENT HERE 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

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