



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

FILED

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.

JUN 10 2019

BY 16108
TOA

1. Entity ID Number 30353		2. Exact name of the Corporation St. Mary's Church Corporation, Carolina			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church			
4. NAICS Code 813110- Rel. Organiz.					
6. Principal Office Address 437 Carolina Back Rd			City Carolina	State RI	Zip 02812
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 Fr. Paul Desmarais			Treasurer Name Fr. Paul Desmarais		
Street Address 437 Carolina Back Rd			Street Address 437 Carolina Back Rd		
City Carolina	State RI	Zip 02812	City Carolina	State RI	Zip 02812
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 Fr. Paul Desmarais			Director Name Ellen Cassin		
Street Address 437 Carolina Back Rd			Street Address 8 Teal Rd		
City Carolina	State RI	Zip 02812	City Wakefield	State RI	Zip 02879
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 REV PAUL DESMARRAIS					Date 6/6/19
Signature of Officer/Authorized Representative <i>Rev Paul Desmarais</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615