RI SOS Filing Number: 201900011260 State of Rhode Island and Providence Plantations Date: 6/27/2019 4:00:00 PM

## **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.

FILED	
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1. Entity ID Number	2 Exact name	of the Corporation	<del></del>			
30822	2. Exact name of the Corporation  St. Dotor's Church Monujok Bhade Joland					
	St. Peter's Church, Warwick, Rhode Island					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
Rhode Island						
4. NAICS Code	Roman Catholic Church/Parish					
813110 - Religious Organ						
6. Principal Office Address			City	State	Zip	
350 Fair Street	r Street		Warwick	RI	02888	
7. List ALL officers (names and add	resses)	-		Check the box to indic	ate an attachment	
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	Zıp <b>02903</b>	
Secretary Name Flora M. Hainey,	iney, Trustee		Treasurer Name Reverend Roger C. Gagne', Pastor		astor	
Street Address 131 Sweetfern Ro						
City Warwick	State RI	Z <sub>IP</sub> 02888	City Warwick	State RI	Zip 02888	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
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	S:ate RI	Zip <b>02903</b>	
Director Name Reverend Roger C. Gagne', Pastor		Director Name John T. Madden, Trustee				
Street Address 350 Fair Street		Street Address 34 Longwood Avenue				
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888	
9. Registered Agent in Rhode Islan	d. This informatio	n is currently of reco	rd in the Department of State. Cha	anges require filing Form 6	41	
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		Date				
Reverend Roger C. Gagne', Pastor		ne-	06-24-2019			
Signature of Officer/Authorized Representative 5·중시 (한국) 기계한다. 어떤 목표						

MAIL TO:

**Division of Business Services** 

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

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