



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.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 JUL -3 PM 4:02

1. Entity ID Number 000059687		2. Exact name of the Corporation St. Michael's Historical Preservation Trust, Inc.			
3. State of Incorporation Rhode island		5. Brief description of the character of business conducted in Rhode Island to renovate, restore and repair St. Michael's Church in Providence and other religious buildings with historic importance			
4. NAICS Code 813110 - Religious Organ <input type="checkbox"/>					
6. Principal Office Address 239 Oxford Street		City Providence		State RI	Zip 02905
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Katherine Harrington			Vice-President Name Francis J. Darigan, Jr.		
Street Address 239 Oxford Street			Street Address 239 Oxford Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name Phyllis Araujo			Treasurer Name		
Street Address 239 Oxford Street			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
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 Katherine Harrington			Director Name Francis J. Darigan, Jr.		
Street Address 239 Oxford Street			Street Address 239 Oxford Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Director Name Phyllis Araujo			Director Name		
Street Address 239 Oxford Street			Street Address		
City Providence	State RI	Zip 02905	City	State	Zip
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 Francis J. Darigan Jr.					Date 6/29/19
Signature of Officer/Authorized Representative <i>Francis J. Darigan Jr.</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

JUL 03 2019
Bv *RHA93*