



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

Annual Report for the year: 2019
 Non-Profit Corporation

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 SECRETARY OF STATE
 CORPORATIONS DIV

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- 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 000098491		2. Exact name of the Corporation MORNING STAR CHRISTIAN CENTER INC			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO NURTURE THE FAITH LIFE OF CATHOLICS AND OTHERS OF GOOD WILL THROUGH EVENTS AND THE SALE OF CATHOLIC LITERATURE, AUDIO, + VIDEO.			
4. NAICS Code 813110					
6. Principal Office Address 175 WYNDHAM AVE			City PROVIDENCE	State RI	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name KATHLEEN LILLA			Vice-President Name NONE		
Street Address 175 WYNDHAM AVE			Street Address		
City PROVIDENCE	State RI	Zip 02908	City	State	Zip
Secretary Name CATHERINE BOISVERT			Treasurer Name KATHLEEN LILLA		
Street Address 90 SEBILLE RD			Street Address 175 WYNDHAM AVE		
City SMITHFIELD	State RI	Zip 02917	City PROVIDENCE	State RI	Zip 02908
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 KATHLEEN LILLA			Director Name FR. DEAN PERRI		
Street Address 175 WYNDHAM AVE			Street Address 346 WATERMAN AVE		
City PROVIDENCE	State RI	Zip 02908	City E. PROVIDENCE	State RI	Zip 02914
Director Name CATHERINE BOISVERT			Director Name NONE		
Street Address 90 SEBILLE RD			Street Address		
City SMITHFIELD	State RI	Zip 02917	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 KATHLEEN LILLA					Date July 3, 2019
Signature of Officer/Authorized Representative <i>Kathleen Lilla</i>					SIGN DOCUMENT 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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