RI SOS Filing Number: 201908465470 Date: 7/29/2019 4:00:00 PM

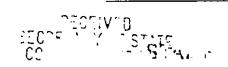


State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2019



200 JUL 29 PH J 15/20

-> Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

				<u></u>	
1. Entity ID Number	2. Exact name of the Corporation				
31279	Roman Catholic Bishop of Providence				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	Religious, charitable and educational activities.				
4. NAICS Code					
813110 - Religious Organiza					
6. Principal Office Address			City	State	Zip
One Cathedral Square			Providence	RI	02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Most Reverend Thomas J. Tobin			Vice-President Name None-exempt by statute		
Street Address One Cathedral Square			Street Address		
City Providence	State RI	^{Zip} 02903	City	State	Zip
Secretary Name None-exempt by statute			Treasurer Name None-exempt by statute		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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.					
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 /	<u> </u>
Most Reverend Thomas J. Tobin, Its sole member				7/17	1/19
Signature of Officer/Authorized Representative 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 3574040_1/1444-30

