Annual Report for the year:	307C		FILED		
Non-Profit Corporation → Filing period: June 1 - June 30	•		MAY 26 2020		
→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if f				0.10	DO LLK
			BY.		
1. Entity ID Number 2. Exact name of the Corporation SS. Juhn and VAVE JAJUSH CONFORTING CONFITRY					
0000 30893					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
4. NAICS Code	homan Catholic Church				
813(10)					
6. Principal Office Address	<u>. </u>		City	State	Zip ,
341 South Main St.	1		Covertray	K	01816
7. List ALL officers (names and add	iresses)	\	Check the box to indicate an attachment		
MOST VEYLAGAD THOMAS J. TOBIA			Vice-President Name Atv. Mogn. Albert A. Lanny		
Street Address Me Camenda Sq. State 4 Zin			Street Address M. AM (Man) Syvalle City A State 710		
" Yranana	State	zig02903	City Phoniana	State	^{Z10} 02903
Secretary Name NALALIA LENDZE MC.			Treasurer Name NEY. MICHAEL J. Woolky		
Street Address 26 humbins DQ.			Street Address South Main St.		
City Covertry	State	Zip 02816	City COVENTIN	State.	zig OBIL
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name REV. MICHAEL J WOULD			MOST LEV. Thomas J. TOBIN		
Street Address South Main St.			Street Address Catha onal Sq.		
City COVENTINY	State (V)	Zip 02816	City PANIANA	State	Zip 01903
Director Name HEV. MSGIR. Algerit A. Kenney			Director Name MAUNEEN JUNIETC		
Street Acdress CATHERRAL SQ.			Street Address AG Robbins PR		
city RONING	State,	zip 219 03	City Coverna	State KL	zip 01816
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 Repres	sentative			Date	١.٥٥
Signature of Officer/Authorized Representative					120
Signature of Officer/Authorized Representative \$10.4 0000 15 of 4.5 of					

State of Rhode Island Filing Number: 202040934950 Date: 5/26/2020 4:00:00 PM

Department of State - Business Services Division

WAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Nebsite: www.sos.ri.gov SS John and Paul Parish Corp., Coventry Entity ID# 000030893

List of Directors (cont.)

Thomas Sullivan 6 White Oak Ct. Coventry, RI 02816