State of Rhode Island and Providence Plantations  Department of State - Business Services Division					
Annual Report for the year:			FILED		
Non-Profit Corporation  → Filing period: June 1 - June 30			MAY 26 2020		
→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 30.			0.104.1		
y Followy, Fractional Quality and its	om a natines by t	July 50.	BY		
1. Entity ID Number	2. Exact name of	f the Corporation			•
0000 30893	SS. Juhn and Vall Parish Conformation, Covertay				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
ES .	homan Catholic Church				
4. NAICS Code					
813(10					
6. Principal Office Address	1		City	State	Zip
341 South Main St.	1		COVEYTTAY	l (CS	01816
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					te an attachment
MOST KLYLNAND THOMAS J. TOBIN			Vice-President Name AFN - MSGR. ALBERT A. KONNY		
Me CATHERIAN Sq.			ON (ATH COMM) STUARE		
City Providence	Stale	zi92903	City PROVINCE	State	<sup>z1</sup> 02903
ecretary Name Mandilla lexpression			Treasurer Name NEY. MICHAEL J. Worky		
Street Address 26 hubbins DQ.			Street Address South Main St.		
City COVENTIVY	State	Zip 02816	City COVENTIN	State.	Zig 2816
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 1/100/104			Disposion Name LEV. Thomas J. TOBIN		
Street Address South Main St.			one Cathe and Sq.		
CITY COVENTING	State (V)	zip 02816	City PINING	State	Zip MOU3
Director Name Mag R. Algert A. Kenney			Director Name Mauneen Knozejc		
one Cathernal Sq.			Street Address AG Robbins PR		
CITY PROPRIENCE	State,	zip 019 03	City Coverna	State AL	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

STANDOOMERS THERE

VAIL TO:

Division of Business Services

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

Name of Officer/Authorized Representative

Signature of Officer/Authorized Representative

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

SS John and Paul Parish Corp., Coventry Entity ID# 000030893

List of Directors (cont.)

Thomas Sullivan 6 White Oak Ct. Coventry, RI 02816