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JUN 15 2020

BY 24650

BY

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020

Filing Period: June 1 - June 30 • **This report must be typed or printed legibly.**
Filing Fee: $20.00 • **FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No	2. Exact name of the Corporation
30865	St. Thomas the Apostle Church Corporation of Warren
3. State of Incorporation: Rhode Island	4. Brief description of the character of business conducted in Rhode Island: Religious 8/31/20

5. Principal office address	City	State	Zip
500 Metacom Avenue	Warren	RI	02885-2808

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Most Reverend Thomas J. Tobin	Reverend Monsignor Albert A. Kenney
Street Address: One Cathedral Square	Street Address: One Cathedral Square
City: Providence, State: RI, Zip: 02903	City: Providence, State: RI, Zip: 02903
Secretary Name	**Treasurer Name**
Reverend John E. Abreu	Reverend John E. Abreu
Street Address: 500 Metacom Avenue	Street Address: 500 Metacom Avenue
City: Warren, State: RI, Zip: 02885	City: Warren, State: RI, Zip: 02885

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Alfred Aparicio	Manuel Rodrigues
Street Address: 54 Kickemuit Road	Street Address: 112 Anthony Street
City: Bristol, State: RI, Zip: 02809	City: Seekonk, State: MA, Zip: 02771
Director Name	**Director Name**
Ross Latham	Catherine Alves
Street Address: 14 Frank Court	Street Address: 47 Fatima Drive
City: Warren, State: RI, Zip: 02885	City: Warren, State: RI, Zip: 02885

8. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Rev. John E. Abreu 06/10/2020
Signature of Officer or Authorized Representative Date

Reverend John E. Abreu
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014