



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

JUN 19 2020

4650

52

Annual Report for the year: **2020**

Non-Profit Corporation

→ 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 30392		2. Exact name of the Corporation St. Mary's Parish			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious church			
4. NAICS Code 813110 - Religious Organ					
6. Principal Office Address 81 Warren Ave		City East Providence		State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Vicar - Father Don Parker			Vice-President Name Deacon - Ed Dean		
Street Address 28 Cambridge Circle			Street Address 248 Narragansett Parkway		
City Smithfield	State RI	Zip 02917	City Warwick	State RI	Zip 02888
Secretary Name Clerk - Terri Capron			Treasurer Name Jr Warden - Freddy George		
Street Address 124 Vine St			Street Address PO Box 143888		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
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 Rev Maryann Canavan			Director Name Terri Capron		
Street Address 22 Meadow Ave			Street Address 124 Vine St		
City Cumberland	State RI	Zip 02864	City East Providence	State RI	Zip 02914
Director Name Frederick George			Director Name		
Street Address PO Box 143888			Street Address		
City East Providence	State RI	Zip 02914	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 Terri Capron				Date 6-16-2020	
Signature of Officer/Authorized Representative <i>Terri Capron</i> SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov