RI SOS Filing Number: 202044051680 State of Rhode Island and Providence Plantations

Date: 7/1/2020 4:00:00 PM

Department of State - Business Services Division

FILED

Annual Report for the year	r:
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.

	JUL 01 2020
БY	32930
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1. Entity ID Number	2. Exact name of	f the Corporation	·					
000030251	Saint Madeleine's Church Corporation of Tiverton							
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
RI	Religious services							
4. NAICS Code	1 tongrous services							
813110								
6. Principal Office Address			City	State	Zip			
35 Lake Rd			Tiverton	RI	02878			
7. List ALL officers (names and addresses)			Check the box to indicate an attachment					
Most Rev. Thomas J. Tobin			Rev. Msgr. Albert A. Kenney					
Street Address One Cathedral Square			One Cathedral Square					
City	State RT	Zip	Sily .	State	Zip			
Providence	IRT	02903	Providence	IRI	02903_			
Secretary Name RPV, Stephan A. S	ilipiani		Rev. Stephan A.	Silipiani				
Street Address			Street Address		·			
35 Lake Rd.	12	T	35 Lake Rd	T	Τ			
Tiverton.	State	Zip OQ878	City Tiverton	State RI	02878			
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment								
Most Rev. Thomas J. Tobin			Rev. Misar Albert A. Kenney					
Street Address	ruare		Street Address One Cathedral S	_	7			
Providence	State K I	Zip 02903	Providence	State &	Zip 02903			
Director Name		100105	Director Name		1000 1000			
Kev. Stephan A. S Street Address	Silipigni		Street Address	<u></u>				
35 Lake Rd			90 Lona Highwa	un				
city Tiverton	State	Zip 0.2878	City Compton	State —	^{zip} 028.37			
9. Registered Agent in Rhode Islan		is currently of record	in the Department of State. Changes re	equire 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				Date	2/6242			
Rev. Stephan A. Silipiani					() () () () () () () () () ()			
Signature of Officer/Authorized Representative SIGN DOCUMENT HERE								
two Julian a Sliping								
MAIL TO:	1	\						

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov LEGAL TITLE OF CORPORATION

ID 030251

ADDITIONAL DIRECTOR:

Lay Trustee

Cypithia Coota 335 Ator Church Road Viverton, RI 02878

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