



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2021**

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.

FILED

JUN 07 2021

BY

23025

1. Entity ID Number 30323		2. Exact name of the Corporation St. Martin's Parish			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island religious organization			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 50 Orchard Avenue		City Providence	State RI	Zip 02906	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Brookhart		Vice-President Name Catherine Bodner			
Street Address 500 Mendon Road		Street Address 11 Vassar Avenue			
City Lincoln	State RI	Zip 02864	City Providence	State RI	Zip 02906
Secretary Name Amy Stewart		Treasurer Name David Whitman			
Street Address 189 Gladstone Street		Street Address 199 Don Avenue			
City Cranston	State RI	Zip 02920	City Rumford	State RI	Zip 02916
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 Martin Flaherty		Director Name Deborah Boedeker			
Street Address 2 School Street, P.O. Box 385		Street Address 495 Lloyd Avenue			
City Albion	State RI	Zip 02802	City Providence	State RI	Zip 02906
Director Name Jane Danek		Director Name			
Street Address 103 Elton Street		Street Address			
City Providence	State RI	Zip 02906	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Melinda DelCioppio				Date June 3, 2021	
Signature of Officer/Authorized Representative <i>Melinda DelCioppio</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov