RI SOS Filing Number: 202198764490 Date: 6/28/2021 4:00:00 PM

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.

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BUS SVCS DIV
2021 JUN 28 P 4:03

1. Entity ID Number	2. Exact name of the Corporation
0000 98491	MORNING STAR CHRISTIAN CENTER INC
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: TO NURTURE THE FAITH LIFE OF CATHOLICS AND OTHERS OF GOOD WILL THROUGH EVENTS AND THE SALE OF CATHOLIC LITERATURE, AUDIO, & VIDEO
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
195 UNIT ST	PROVIDENCE	RI	02909

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
KATHLEEN A. LILLA	NONE
Street Address: 195 UNIT ST	Street Address:
City: PROVIDENCE State: RI Zip: 02909	City: State: Zip:
Secretary Name	**Treasurer Name**
CATHERINE BOISVERT	KATHLEEN A. LILLA
Street Address: 90 SEBILLE RD	Street Address: 195 UNIT ST
City: SMITHFIELD State: RI Zip: 02917	City: PROVIDENCE State: RI Zip: 02909

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
KATHLEEN A. LILLA	CATHERINE BOISVERT
Street Address: ~~KATHLEE~~ 195 UNIT ST	Street Address: 90 SEBILLE RD
City: PROVIDENCE State: RI Zip: 02909	City: SMITHFIELD State: RI Zip: 02917
Director Name	**Director Name**
REV. DEAN PERRI	NONE
Street Address: 1799 WARWICK AVE	Street Address:
City: WARWICK State: RI Zip: 02889	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.

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 Representative	Date
KATHLEEN A. LILLA	JUNE 28, 2021

Signature of Officer/Authorized Representative: Kathleen A. Lilla

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BY AnVZVPC
4:03

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020