



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

JUL 02 2021

BY

4317

DS

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 Organization <input type="checkbox"/>					
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 - The Rev Donald H Parker			Vice-President Name Warden - Frederick George		
Street Address 28 Cambridge Circle			Street Address PO Box 14388		
City Smithfield	State RI	Zip 02917	City East Providence	State RI	Zip 02914
Secretary Name Terri Lyn Capron			Treasurer Name		
Street Address 124 Vine St			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
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 Joseph Pereira			Director Name Darlene Pereira		
Street Address 39 Hillside Ave			Street Address 39 Hillside Ave		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
Director Name Sharon Hicks			Director Name Cheryl Zarychi		
Street Address 581 Lincoln St			Street Address 124 Vine St		
City Seekonk	State MA	Zip 02271	City East Providence	State RI	Zip 02914
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 Terri Lynn Capron				Date 6/28/2021	
Signature of Officer/Authorized Representative <i>Terri Lynn Capron</i>					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov