



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  
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1. Entity ID Number <b>30392</b>		2. Exact name of the Corporation <b>St. Mary's Parish</b>			
3. State of Incorporation <b>RI</b>		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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Vicar - The Rev Donald H Parker</b>			Vice-President Name <b>Warden - Frederick George</b>		
Street Address <b>28 Cambridge Circle</b>			Street Address <b>PO Box 14388</b>		
City <b>Smithfield</b>	State <b>RI</b>	Zip <b>02917</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Secretary Name <b>Terri Lyn Capron</b>			Treasurer Name		
Street Address <b>124 Vine St</b>			Street Address		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Joseph Pereira</b>			Director Name <b>Darlene Pereira</b>		
Street Address <b>39 Hillside Ave</b>			Street Address <b>39 Hillside Ave</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Director Name <b>Sharon Hicks</b>			Director Name <b>Cheryl Zarychi</b>		
Street Address <b>581 Lincoln St</b>			Street Address <b>124 Vine St</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02271</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Terri Lynn Capron</b>				Date <b>6/28/2021</b>	
Signature of Officer/Authorized Representative <i>Terri Lynn Capron</i>					

MAIL TO:  
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