

29191

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is sub 401.222.3040

penalty fee of \$25.00.		yaming or regulating to ju	is unnual report within the time p	rescribed by law (R.I.G.L. 7	6-91) is subject to a
1. Corporate ID No.	2. Name of Corporation				
29191	St. Augustine School Endowment Fund				
3. State of Incorporation Rhode Island	1 4. Corporate autress in knoae Island - Street Address			City	Zip
				Providence	02908
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character	of the affairs which are	estually conducted in pt. 1			
Roman Catholic		omany conducted in Robbie	isiana		
7. NAMES AND ADDRESSES	S OF THE OFFICER	S. ("Y" BOY BOD ATTA	CHMENT) FILL IN SPACES		
President Name	OIIIOLI	S. (A BOA FOR ALIA	THE PACES	BEFORE USING ATTACI	HMENTS
Most Rev. Thon	nas J. Tobin	, D.D.	Vice President Name MOST Revy Pobort C. France B. B.		
Street Address		<u> </u>	Most Rev. Robert C. Evans, D.D.		
One Cathedral Square			One Cathedral Square		
City	State	Ζip	City	State	Zip
Providence	R.1.	02903	Providence	R.I.	02903
Secretary Name			Treasurer Name		1 02303
Rev. Msgr. Barry R.L. Connerton			Rev. Msgr. Barry R.L. Connerton		
Street Address 20 Old Road			Street Address 20 Old Road		
City	State	Zip	City	State	Zip
Providence	R.I.	02908	Providence	ום	1 00000
8. NAMES AND ADDRESSES	OF THE DIRECTO	RS: ("X" BOX FOR AT	FACHMENT) FILL IN SPACES	BEFORE USING ATTAC	
Director Name	ORS OF A DOMEST.	IC (RHODE ISLAND	CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23		
			Director Name		
George T. Ro	occnio		David E. Martinelli		
29 Sherman	Avenue		Street Address 3 Fox Tale Drive		
City	State	Zip	City		
N. Providence	R.I.	02911	Johnston	State R.I.	2ip
Director Name		_ -	Director Name		02919
Rev. Msgr. Bar	ry R.L. Cor	nerton			
Street Address			Street Address		
20 Old Road	T				
ş.	State	Zip	City	State	Zip
Providence 9. REGISTERED AGENT IN 1	R.I.	I 02908	1		
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					
This report must	be signed by either	the President Vice D.	resident, Secretary, Assistant Se		
•	2 = 3 =====		colocii, occiciary, Assistant Se	ecretary, Treasurer, Recei	ver or Trustee

	Under penalty of perjury, I declare and affirm that I have examined this
File Date FILED	report, including any accompanying schedules and statements, and that all statements contained herein are true and correct
Check MAY 1 4 2010	Signature of Officer ()
FOR SECRETARY OF STATE USE ONLY	Rev. Msgr. Barry R.L. Connerton Print or Type Name of Officer Secretary & Treasurer Title of Officer