



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022

Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
 MAR 16 2022
 BY *[Signature]*
[Signature]

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					
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 Catherine Bodner			Vice-President Name Amy Stewart		
Street Address 11 Vassar Avenue			Street Address 189 Gladstone Street		
City Providence	State RI	Zip 02906	City Cranston	State RI	Zip 02920
Secretary Name Deborah Boedeker			Treasurer Name David Whitman		
Street Address 495 Lloyd Avenue			Street Address 199 Don Avenue		
City Providence	State RI	Zip 02906	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 checked="" type="checkbox"/>					
Director Name David Barrall			Director Name Beth Toolan		
Street Address 25 Freeman Parkway			Street Address 116 Fosdyke Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Jane Danek			Director Name Chris Dennis		
Street Address 103 Elton Street			Street Address 500 Angell Street, #714		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Melinda DelCioppio				Date 3/14/2022	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

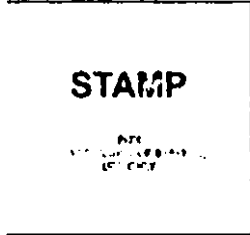
MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov



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Directors (cont.)

Jude Kostas
 16 Heritage Road
 Barrington, RI 02806

Anne Pellegrino
 84 Hollow Tree Drive
 Cranston, RI 02920

Brian Robert
 147 Sinclair Road
 Providence, RI 02907

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