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State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: **Non-Profit Corporation** 

2023

STAMP

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number	2 Evact name of	the Corporation		حر			
30323	2. Exact name of the Corporation St. Martin's Parish						
	St. Martin's Parish						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rohoddalastand RI	religieus शक्षां gairite ation						
4. NAICS Code	religious organization						
813110 - Religious Organizati							
6. Principal Office Address	incipal Office Address		City	State	Zip		
5000 to the Avenue 50 Orchard Ave			Proiddence	RI	<b>0299</b> 6		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Calthering Bodner Celherne Bodner			Vice-President Name Shibiladoke byseboom Tooneboom				
Street Address 11 Vassar Avenue			Street Address 212 Pawtuxet Ave				
City Providence	State RI	<sup>Zip</sup> 02906	<sup>City</sup> Cranston	State RI	<sup>Zip</sup> 02905		
Secretary Name Deborah Boedeker			Treasurer Name David Whitman				
Street Address 495 Lloyd Avenue			Street Address 199 Don Avenue				
City Providence	State RI	<sup>Zip</sup> 02906	<sup>City</sup> Rumford	State RI	<sup>Zip</sup> 02916		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment							
Director Name David Barrall			Director Name Beth Toolan				
Street Address 25 Freeman Parkway			Street Address 116 Fosdyke Street				
City Providence	State RI	<sup>Zip</sup> 02906	City Providence	State RI	<sup>Zip</sup> 02906		
Director Name Chris Dennis			Director Name Patrick Hawkins				
Street Address 500 Angell Street, #714			Street Address 23 Johnston Street				
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02906	<sup>City</sup> Pawtucket	State RI	<sup>Zıp</sup> 02860		
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					•••		
Melinda DelCioppio				2/15/2023			
Signature of Officer/Authorized Representative							

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov



State of Rhode Island

**Department of State - Business Services Division** 

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1. Entity ID Number

2. Exact name of the Corporation

30323

St. Martin's Parish

Directors (cont.)

**Susan Kostas** 16 Heritage Road Barrington, RI 02806

**Brian Robert** 147 Sinclair Road Providence, RI 02907 FILED

FEB 17 2023