

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

1. Entity ID No.	I	ne of the Corporation					
26260	Diocesa	Diocesan Catholic Telecommunications Network of Rhode Island					
3. State of Incorporation			r of business conducted in Rhode Island educational activities.				
5. Principal office address One Cathedral Squa	are		City Providence	State RI	Zip 02903		
6. LIST ALL OFFICERS (ESSES) ("X" BOX FO	RATTACHMENT)				
President Name			Vice-President Name				
Most Reverend Thomas J. Tobin			Rev. Msgr. Albert A. Kenney				
Street Address			Street Address				
One Cathedral Squa	ire		One Cathedral Squa	re	e		
City	State	Zip	City	State	Zip		
Providence	RI	02903	Providence	RI	02903		
Secretary Name			Treasurer Name				
Rev. Timothy D. Rei	lly		Most Reverend Thomas J. Tobin				
Street Address One Cathedral Square		Street Address One Cathedral Square					
City	State	Zip	City	State	Zip		
Providence	RI	02903	Providence	RI	02903		
7. LIST <u>ALL</u> DIRECTORS ("X" BOX FOR ATTACI	(NAMES AND ADD	RESSES). RHODE IS	LAND CORPORATIONS MUST	LIST NO LESS THAN	THREE (3) DIREC		
Director Name			Director Name				
Most Reverend Thomas J. Tobin			Rev. Msgr. Albert A. Kenney				
Street Address			Street Address				
One Cathedral Squa	ire		One Cathedral Squa				
City	State	Zip	City	State	Zip		
Providence	RI	02903	Providence	RI	02903		
Director Name			Director Name				
Rev. Timothy D. Reilly			Carolyn Cronin				
Street Address			Street Address				
One Cathedral Squa			One Cathedral Squa		Zin		
	State	Zip	City	State RI	Zip 02903		
City		02903	Providence	KI	02903		
City Providence	RI						
City Providence 8. REGISTERED AGENT	IN RHODE ISLAND		ary of State. Changes require fil				

	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. Signature of Officer Date	T
FOR SECRETARY OF STATE USE ONLYBY	Rev. Timothy D. Reilly Print or Type Name of Officer	
Form No. 631 Revised: 05/2012	Secretary Title of Officer	

ADDITIONAL OFFICER:

Assistant Treasurer

Carolyn Cronin One Cathedral Square Providence, RI 02903

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