



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2015**

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

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 28740		2. Exact name of the Corporation Providence University			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Educational			
5. Principal office address 1 Cunningham Square		City Providence	State RI	Zip 02918-0001	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
President Name Rev. Brian J. Shanley, O.P.		Vice-President Name John M. Sweeney			
Street Address 1 Cunningham Square		Street Address 1 Cunningham Square			
City Providence	State RI	Zip 02918-0001	City Providence	State RI	Zip 02918-0001
Secretary Name Rev. Kenneth R. Sicard, O.P.		Treasurer Name Rev. Kenneth R. Sicard, O.P.			
Street Address 1 Cunningham Square		Street Address 1 Cunningham Square			
City Providence	State RI	Zip 02918-0001	City Providence	State RI	Zip 02918-0001
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name J. Peter Benzi		Director Name John F. Killian, Chair, Board of Trustees			
Street Address One Park Avenue, 12th Floor		Street Address 14854 Bellezza Lane			
City New York	State NY	Zip 10016	City Naples	State FL	Zip 334110
Director Name Christopher K. Reilly, Vice Chair, Board of Trustees		Director Name Maureen Davenport Corcoran			
Street Address 104 Field Point Road		Street Address 140 Shaw Road			
City Geenwich	State CT	Zip 06830	City Chestnut Hill	State MA	Zip 02467
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

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JUL 02 2015

BY 295878

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 or Authorized Representative

Date

Marifrances McGinn, Esq.

Print or Type Name of Officer or Authorized Representative

Marifrances McGinn, Esq.
Assistant Secretary
1 Cunningham Square
Providence, RI 02918-0001

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JUL 02 2015

BY 28740