



**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 **2016**

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. <b>28844</b>		2. Exact name of the Corporation <b>Our Lady of Providence Preparatory Seminary</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Religious, charitable and educational activities.</b>			
5. Principal office address <b>One Cathedral Square</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Most Reverend Thomas J. Tobin</b>		Vice-President Name <b>Rev. Msgr. Albert A. Kenney</b>			
Street Address <b>One Cathedral Square</b>		Street Address <b>One Cathedral Square</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>Rev. Timothy D. Reilly</b>		Treasurer Name <b>Most Reverend Thomas J. Tobin</b>			
Street Address <b>One Cathedral Square</b>		Street Address <b>One Cathedral Square</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Most Reverend Thomas J. Tobin</b>		Director Name <b>Rev. Msgr. Albert A. Kenney</b>			
Street Address <b>One Cathedral Square</b>		Street Address <b>One Cathedral Square</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name <b>Rev. Timothy D. Reilly</b>		Director Name			
Street Address <b>One Cathedral Square</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
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, Receiver or Trustee

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

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BY 288082

**FILED**  
JUL 27 2016

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

**Rev. Timothy D. Reilly**

Print or Type Name of Officer

**Secretary**

Title of Officer

Date