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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2018 FEB 21 AM 10: 02

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
14969	Visitor Printing Company

3. Principal Office Address	City	State	Zip
One Cathedral Square	Providence	RI	02903

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
999999	Printing weekly diocesan newspaper.
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Most Reverend Thomas J. Tobin	One Cathedral Square	Providence	RI	02903

Vice-President Name	Street Address	City	State	Zip
Rev. Msgr. Albert A. Kenney	One Cathedral Square	Providence	RI	02903

Secretary Name	Street Address	City	State	Zip
Carolyn Cronin	One Cathedral Square	Providence	RI	02903

Treasurer Name	Street Address	City	State	Zip
Carolyn Cronin	One Cathedral Square	Providence	RI	02903

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Most Reverend Thomas J. Tobin	One Cathedral Square	Providence	RI	02903

Director Name	Street Address	City	State	Zip
Rev. Msgr. Albert A. Kenney	One Cathedral Square	Providence	RI	02903

Director Name	Street Address	City	State	Zip
Carolyn Cronin	One Cathdral Square	Providence	RI	02903

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	130	Common	No par

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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.

Name of Authorized Representative: Rev. Msgr. Albert A. Kenney — Date: 2/15/18

Signature of Authorized Representative: Msgr. Albert Kenney — SIGN DOCUMENT

FILED
FEB 21 2018
BY 324771
A.A.

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

FORM 630 - Revised: 10/2017