



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

Annual Report for the year: **2018**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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CORPORATIONS DIV

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1. Entity ID Number 29538		2. Exact name of the Corporation The Rhode Island Catholic Orphan Asylum			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Religious, charitable and educational activities.			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address One Cathedral Square		City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Most Reverend Thomas J. Tobin		Vice-President Name Rev. Msgr. Albert A. Kenney			
Street Address One Cathedral Square		Street Address One Cathedral Square			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Rev. Timothy D. Reilly		Treasurer Name Most Reverend Thomas J. Tobin			
Street Address One Cathedral Square		Street Address One Cathedral Square			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Most Reverend Thomas J. Tobin		Director Name Rev. Msgr. Albert A. Kenney			
Street Address One Cathedral Square		Street Address One Cathedral Square			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Rev. Timothy D. Reilly		Director Name			
Street Address One Cathedral Square		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Rev. Timothy D. Reilly, Secretary				Date 7/11/18	
Signature of Officer/Authorized Representative <i>Rev. Timothy D. Reilly</i>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 631 - Revised: 11/2017