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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2018

2019 III 17 PM 19- Ed

→ 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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1. Entity ID Number 27390	2. Exact name of the Corporation All Saints Academy				
3. State of Incorporation RHODE ISLAND	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		-	City	State	Zip
One Cathedral Square			Providence	RI	02903
7. List ALL officers (names and add	dresses)			Check the box to indic	ate an attachment
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 a	ddresses). RI (Corporations MUST		Check the box to indic	ate an attachment
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 Anita E. Brouse		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. Registered Agent in Rhode Islan	nd. This informal	tion is currently of reco	rd in the Department of State. Change	s require filing Form 64	41.
Under penalty of perjury, I decla statements, and that all stateme				ompanying schedu	ules and
This report must be signed by either the Pre	sident, Vice-Presid	lent, Secretary, Assistant 5	Secretary, Treasurer, duly Authonzed Repres	sentative. Receiver or Tru:	stee
Name of Officer/Authorized Representative Rev. Timothy D. Reilly, Secretary				Date	7/11/18
Signature of Officer/Authorized Re	presentative	SIGN DOC	UMENT HERE		1 -

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 27390

ADDITIONAL OFFICER:

Assistant Treasurer

Anita E. Brouse One Cathedral Square Providence, RI 02903

ADDITIONAL DIRECTOR:

Daniel J. Ferris One Cathedral Square Providence, RI 02903