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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

SECRETARY OF STATE CORPORATIONS OF STATE COR

→ 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 96222	2. Exact name of the Corporation Diocesan School Financial Services				
State of Incorporation RHODE ISLAND	Brief description of the character of business conducted in Rhode Island Religious, charitable and educational activities.				
4. NAICS Code	1				
813110 - Religious Organization					
6. Principal Office Address			City	State	Zip
One Cathedral Square			Providence	RI	02903
7. List ALL officers (names and add	tresses)			Check the box to indicat	te 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	Z ₁ p 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 ac	ddresses). Rl Cor	rporations MUST li	ist at least THREE directors	Check the box to indical	te 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	^{Zıp} 02903	Cily Providence	State RI	Zip 02903
Director Name Rev. Timothy D. Reilly			Director Name Daniel J. Ferris		
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 information	is currently of recor	d in the Department of State. Char	nges require filing Form 641	
Under penalty of perjury, I declar statements, and that all statemen				accompanying schedul	es and
This report must be signed by either the Pres	sident, Vice-President	. Secretary, Assistant S	ecretary. Treasurer, duly Authonzed Re;	presentative, Receiver of Trusti	re. j
Name of Officer/Authorized Repres Rev. Timothy D. Reilly, Secretar		,		Date	18
Signature of Officer/Authorized Representative 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

Diocesan School Financial Services

96222

ADDITIONAL OFFICER:

Assistant Treasurer

Daniel J. Ferris One Cathedral Squarc Providence, RI 02903