RI SOS Filing Number: 201872576460 Date: 7/17/2018 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	
Non-Profit Corporation	

2018

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty Additional \$25.00 fee if form is not filed by July 30.

,						
1. Entity ID Number	2. Exact name of the Corporation					
159491	F.A.C.E. of Rhode Island (Financial Aid for Children's Education of Rhode Island					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
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 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	Z _I p 02903	
8. List ALL directors (names and a	ddresses). RI Co	orporations MUST	list at least THREE directors.	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 Michael Sabatino			
Street Address One Cathedral Square		Street Address One Cathedral Square				
City Providence	State RI	^{Zip} 02903	Cily Providence	State RI	^{Zip} 02903	
9. Registered Agent in Rhode Islan	nd. This information	on is currently of reco	rd in the Department of State. Cha	nges require filing Form 6	41,	
Under penalty of perjury, I decla statements, and that all stateme				accompanying sched	ules and	
This report must be signed by either the Pre-	sident, Vice-Presider	nt, Secretary, Assistant	Secretary, Treasurer, duly Authorized Re	presentative, Receiver or Tru	stee	
Name of Officer/Authorized Repres	sentative			Date	. /	
Rev. Timothy D. Reilly, Secretar				17/1	1 18	
Signature of Officer/Authorized Rep	resentative	SIGN DOC	CUMENT 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

ADDITIONAL DIRECTORS:

Edward Bastia One Cathedral Square Providence, RI 02903

Cheryl Brennan One Cathedral Square Providence, RI 02903