RI SOS Filing Number: 201872577160 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: 2018

Non-Profit Corporation

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\*RECEIVED ECRETARY OF STATE CORPORATIONS DIV

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 <b>75274</b>	2. Exact name of the Corporation Inter-Parish Loan Fund, Inc.				
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	Zıp
One Cathedral Square			Providence	RI	02903
7. List ALL officers (names and addresses)  Check the box to indicate an attachment					
President Name Most Reverend Th	omas 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 Michael Sabatino		
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					
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	Z <sub>IP</sub> 02903	City Providence	State RI	<sup>Zip</sup> 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	<sup>Zip</sup> 02903	City Providence	State RI	<sup>Zip</sup> 02903
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 Repres Rev. Timothy D. Reilly, Secretary		Date	1/18		
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 3317541\_1/1444-30