



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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 SECRETARY OF STATE  
 CORPORATIONS DIV

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|  |                 |   |  |                        |                     |
|--|-----------------|---|--|------------------------|---------------------|
| 1. Entity ID Number<br><b>26256</b>  |                 | 2. Exact name of the Corporation<br><b>La Salle Academy</b>   |  |                        |                     |
| 3. State of Incorporation<br><b>RHODE ISLAND</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>Religious, charitable and educational activities.</b> |  |                        |                     |
| 4. NAICS Code<br><b>813110 - Religious Organizer</b>   |                 |   |  |                        |                     |
| 6. Principal Office Address<br><b>One Cathedral Square</b>   |                 |   | City<br><b>Providence</b>                              | State<br><b>RI</b>     | Zip<br><b>02903</b> |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |   |  |                        |                     |
| President Name <b>Most Reverend Thomas J. Tobin</b>  |                 |   | Vice-President Name <b>Rev. Msgr. Albert A. Kenney</b> |                        |                     |
| Street Address <b>One Cathedral Square</b>   |                 |   | Street Address <b>One Cathedral Square</b>             |                        |                     |
| City <b>Providence</b>   | State <b>RI</b> | Zip <b>02903</b>  | City <b>Providence</b>                                 | State <b>RI</b>        | Zip <b>02903</b>    |
| Secretary Name <b>Rev. Timothy D. Reilly</b>   |                 |   | Treasurer Name <b>Most Reverend Thomas J. Tobin</b>    |                        |                     |
| Street Address <b>One Cathedral Square</b>   |                 |   | Street Address <b>One Cathedral Square</b>             |                        |                     |
| City <b>Providence</b>   | State <b>RI</b> | Zip <b>02903</b>  | City <b>Providence</b>                                 | State <b>RI</b>        | Zip <b>02903</b>    |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |   |  |                        |                     |
| Director Name <b>Most Reverend Thomas J. Tobin</b>   |                 |   | Director Name <b>Rev. Msgr. Albert A. Kenney</b>       |                        |                     |
| Street Address <b>One Cathedral Square</b>   |                 |   | Street Address <b>One Cathedral Square</b>             |                        |                     |
| City <b>Providence</b>   | State <b>RI</b> | Zip <b>02903</b>  | City <b>Providence</b>                                 | State <b>RI</b>        | Zip <b>02903</b>    |
| Director Name <b>Rev. Timothy D. Reilly</b>  |                 |   | Director Name  |                        |                     |
| Street Address <b>One Cathedral Square</b>   |                 |   | Street Address   |                        |                     |
| City <b>Providence</b>   | State <b>RI</b> | Zip <b>02903</b>  | 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.  |                 |   |  |                        |                     |
| <b>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.</b>        |                 |   |  |                        |                     |
| <i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>   |                 |   |  |                        |                     |
| Name of Officer/Authorized Representative<br><b>Rev. Timothy D. Reilly, Secretary</b>  |                 |   |  | Date<br><b>7/11/18</b> |                     |
| Signature of Officer/Authorized Representative<br>   |                 |   |  | SIGN DOCUMENT HERE     |                     |

MAIL TO:  
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