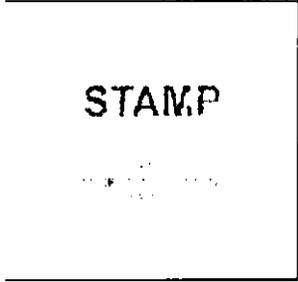




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



Annual Report for the year: **2019**
 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.

1. Entity ID Number 30842		2. Exact name of the Corporation Saint Rita Church Corporation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Worship Services of the Roman Catholic Church			
4. NAICS Code 813110 - Religious Organiza					
6. Principal Office Address 722 Oakland Beach Avenue			City Warwick	State RI	Zip 02889
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Most Rev. 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 Mr. David Picard			Treasurer Name Rev. Peter J. D'Ambrosia		
Street Address 568 Church Avenue			Street Address 722 Oakland Beach Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Most Rev. 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. Peter J. D'Ambrosia			Director Name S. Christopher Stowe, Esq.		
Street Address 722 Oakland Beach Avenue			Street Address 67 Narragansett Bay Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Rev. Peter J. D'Ambrosia				Date June 27, 2019	
Signature of Officer/Authorized Representative <i>Rev. Peter J. D'Ambrosia</i>				FILED 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

FILED
 JUN 03 2019 *KM*
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