

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	2 Evant name o	(the Corporation			
29099	2. Exact name of the Corporation Church of Our Lady of Victory Ashaway				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	Roman Catholic church - Non profit corporation				
4. NAICS Code	1				
813110 - Religious Organ					
6. Principal Office Address			City	State	Zip
169 Main Street			Ashaway	RI	23504
7. List ALL officers (names and ad	dresses)		'	Check the box to indic	ate an attachment
President Name Most Rev. Thomas J. Tobin			Vice-President Name Rev. Msgr. Albert A. Kenny		
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. Michael A. Colello			Treasurer Name Rev.Michael A. Colello		
Street Address 169 Main Street			Street Address 169 Main Street		
^{Crty} Ashaway	State RI	Z _I p 02804	City Ashaway	State Ri	Zip 02804
8. List ALL directors (names and a	ddresses). RI Corp	porations MUST	ist at least THREE directors.	Check the box to indic	ate an attachment
Director Name Paula Agins			Director Name Geraldine Cuningham		
Street Address 14 Grenman Avenue			Street Address 92 Collins Road		
City Westerly	State RI	^{Zip} 02891	City Ashaway	State RI	^{Zip} 02804
Director Name Linda Prizito			Director Name Michael Malvinni		
Street Address 1 Raintree Lane			Street Address 138 Dimond Hill Road		
City Ashaway	State RI	Zip 02804	City Ashaway	State RI	Zip 02804
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 Representative					
					2019
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