RI SOS Filing Number: 201996065350 Date: 6/7/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019
Non-Profit Corporation

FILED

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

JUN 07 ZU19

27096

1. Entity ID Number	2. Exact name of the Corporation				
000029222	Church of Saint Teresa of the Child Jesus				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island	Church				
4. NAICS Code	1				
813110 - Religious Organ ▼]				
6. Principal Office Address	<u> </u>		City	State	Zip
358 Newport Avenue			Pawtucket	RI	02861
7. List ALL officers (names and ad	dresses)		· · · · · · · · · · · · · · · · · · ·	Check the box to indica	ate an attachment
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 Rev. David G. Thurber, Jr.			Treasurer Name Rev. David G. Thurber, Jr.		
Street Address 358 Newport Avenue			Street Address 358 Newport Avenue		
City Pawtucket	State RI	^{Zip} 02861	City Pawtucket	State RI	Zip 02861
8. List ALL directors (names and a	ddresses). RI Cor	rporations MUST	list at least THREE directors.	Check the box to indicate	ate an attachment
Director Name Donald Sowa			Director Name Madeline Glaude		
Street Address 25 Lonesome Pine Road			Street Address 26 Denise Drive		
City Cumberland	State RI	^{Zip} 02864	City Seekonk	State MA	Zip 02771
Director Name Rev. David G. Th	urber, Jr.		Director Name Most Rev. Thomas J. Tobin		
Street Address 358 Newport Avenue			Street Address One Cathedral Square		
City Pawtucket	State RI	^{Zip} 02861	City Providence	State RI	^{Zip} 02903
9. Registered Agent in Rhode Islar	nd. This information	is currently of reco	rd in the Department of State. Ch	anges require filing Form 64	1.
Under penalty of perjury, I decia statements, and that all stateme				accompanying schedu	iles and
This report must be signed by either the Pre		Secretary, Assistant 5	Secretary, Treasurer, duly Authorized R	lepresentative, Receiver or Trus	tee.
Name of Officer/Authorized Representative				Date	
Rev. David G. Thurber, Jr.				6/5/2019	
Signature of Officer/Authorized Rep	gresentative	SICN DOC	NIMENT HERE		
Rev. David D. 7h	urles h	SIGN DUC	CUMENT 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