



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

FILED

JUN 07 2019

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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 000026789		2. Exact name of the Corporation Eglise de Notre Dame de Bonsecours		
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island Religious organization.		
4. NAICS Code 813110 - Religious Organ <input type="checkbox"/>				
6. Principal Office Address 1063 Victory Highway		City Mapleville	State RI	Zip 02839
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 Rev. Michael J. McMahon		Treasurer Name Rev. Michael J. McMahon		
Street Address 1063 Victory Highway		Street Address 1063 Victory Highway		
City Mapleville	State RI	Zip 02839	City Mapleville	State RI Zip 02839
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" 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. Michael J. McMahon		Director Name Michael J. Cosetta		
Street Address 1063 Victory Highway		Street Address 380 Cooper Hill Road		
City Mapleville	State RI	Zip 02839	City Mapleville	State RI Zip 02839
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.				
<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 Rev. Michael J. McMahon			Date June 4, 2019	
Signature of Officer/Authorized Representative <i>Rev. Michael J. McMahon</i>			SIGN DOCUMENT HERE 6-4-19	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

Eglise de Notre Dame de Bonsecours

ID # 000026789

ADDITIONAL DIRECTOR:

Normand J. Dalpe

1005 Mount Pleasant Road

Harrisville, RI 02830