



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.

FILED

JUN 19 2019

BY 1179 OS

1. Entity ID Number 000071291		2. Exact name of the Corporation SAINT ALEXANDER CEMETERY CORPORATION			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island RELIGIOUS			
4. NAICS Code 813110-RELIGIOUS ORGANIZATION					
6. Principal Office Address 221 MAIN STREET		City WARREN		State RI	Zip 02885
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. DAVID W. MASELLO			Treasurer Name REV. DAVID W. MASELLO		
Street Address 221 MAIN STREET			Street Address 221 MAIN STREET		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
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. DAVID W. MASELLO			Director Name MRS. NANCY URBAN		
Street Address 221 MAIN STREET			Street Address 14 KATHLEEN DRIVE		
City WARREN	State RI	Zip 02885	City WARREN	State RI	Zip 02885
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 REV. DAVID W. MASELLO					Date JUNE 14, 2019
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

Saint Alexander Church

Two Twenty-one Main Street ♦ Warren, Rhode Island 02885-4304

(401) 245-6369

www.saintalexanders.com

Most Reverend Thomas J. Tobin
One Cathedral Square
Providence, RI 02903

Rev. Msgr. Albert Kenney
One Cathedral Square
Providence, RI 02903

Mr. John Saviano
56 Schoolhouse Road
PO Box 257
Warren, RI 02885-0257

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