RI SOS Filing Number: 201998313710 Date: 6/20/2019 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

JUN 2 0 2019 00 2926

→ Filing period: June 1 - June 30

→ Filing Fee: \$20 00

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

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1. Entity ID Number	2. Exact name of the Corporation				
000029081	Church of Our Lady of Grace				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI	Roman Catholic Church				
4. NAICS Code	1				
813110 - Religious Organ ▼					
6. Principal Office Address	<u> </u>		City	State	Zip
4 Lafayette St.			Johnston	RI	02919
7. List ALL officers (names and ad	dresses)		<u> </u>	Check the box to indic	cate an attachment
President Name Most Rev. Thomas J. Tobin			Vice-President Name Rev. Msgr. Albert Kenney		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Z _{ip} 02903
Secretary Name Dr. Paul Gondreau			Treasurer Name Rev. Peter J. Gower		
Street Address 4 Lafayette St			Street Address 4 Lafayette St		
City Johnston	State RI	^{Zip} 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and a	ddresses). RI Cor	porations MUST	list at least THREE directors.	<u> </u>	<u> </u>
Director Name			Check the box to indicate an attachment		
Director Name Most Rev. Thomas J Tobin			Director Name Rev. Msgr. Albert 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 Gower			Director Name Jeff Mancini		
Street Address 4 Lafayette St			Street Address 4 Lafayette St		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
9. Registered Agent in Rhode Islan	nd. This information	is currently of reco	rd in the Department of State. Change	s require filing Form 6	41
Under penalty of perjury, I decla statements, and that all stateme				ompanying sched	ules and
This report must be signed by either the Pre	sident, Vice-President,	Secretary, Assistant 5	Secretary, Treasurer, duly Authorized Repres	sentative, Receiver or Tru	steo /
Name of Officer/Authorized Repre-		Date /	1,1/19		
Rev. Peter J. Gower	M = 1		$ \varphi $	19////	
Signature of Officer/Authorized Re	presentative	K9	to stepth	• 1	
			<u> </u>		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov Entity ID #00029081

Church of Our Lady of Grace

Additional director

Dr. Paul Gondreau 4 Lafayette St. Johnston, RI 02919