RI SOS Filing Number: 201904735720 Date: 7/15/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019

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Annual Report for the year:

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.

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1. Entity ID Number 00029168	2. Exact name of the Corporation The Church of St. Jean Baptiste of Warren Rhode Island						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Roman Catholic Church						
4. NAICS Code							
813110 - Religious Organ ▼							
6. Principal Office Address			City	State	Zip		
345 Main Street			Warren	RI	02885		
7. List ALL officers (names and add	resses)		Check the box to indicate 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. William D. Grant			Treasurer Name Rev. William D. Grant				
Street Address 645 Main Street			Street Address 645 Main Street				
City Warren	State RI	^{Zip} 02885	City Warren	State RI	^{Zip} 02885		
8. List ALL directors (names and ac	ldresses). RI C	orporations MUST	list at least THREE directors.	Check the box to indic	ate an attachment 🗹		
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. William D. Grant			Director Name William Estrella				
Street Address 645 Main Street			Street Address 58 Baker Street				
City Warren	State RI	^{Zip} 02885	City Warren	State RI	^{Zıp} 02885		
9. Registered Agent in Rhode Islan							
Under penalty of perjury, I declar statements, and that all statemen	e and affirm that arts contained	hat I have examine herein are true an	ed this report, including any d correct.	accompanying sched	ules and		
This report must be signed by either the Pres	ident, Vice-Preside	nt, Secretary, Assistant S	Secretary, Treasurer, duly Authorized R		stee		
Name of Officer/Authorized Representative				Date			
Rev. William D. Grant 7-10-19							
Signature of Officer/Authorized Representative SICN DOCYMENT 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 Entity # 00029202 Church of St. Mary of the Bay

Street Address 49 Peck Avenue

City Bristol

Director Name

Street Address

City Bristol

City State RI

Zip 02809

Zip 02809

Zip 02809