



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

FILED

JUL 15 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 00029168		2. Exact name of the Corporation The Church of St. Jean Baptiste of Warren Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Roman Catholic Church			
4. NAICS Code 813110 - Religious Organ <input type="checkbox"/>					
6. Principal Office Address 645 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. 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 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. 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	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.					
<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. William D. Grant				Date 7-10-19	
Signature of Officer/Authorized Representative <i>Rev. William D. Grant</i>				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 272-3040
 Website: www.sos.ri.gov

Entity # 00029202

Church of St. Mary of the Bay

Director Name Theresa DeRiso		
Street Address 49 Peck Avenue		
City Bristol	State RI	Zip 02809
Director Name		
Street Address		
City	State	Zip