RI SOS Filing Number: 201908465920 Date: 7/29/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2019

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-> 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	2. Exact name	of the Corporation			
30883	St. Vincent de Paul Home, Woonsocket				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	Religious, charitable and educational activities.				
4. NAICS Code	1				
813110 - Religious Organiza					
6. Principal Office Address			City	State	Zip
One Cathedral Square			Providence	RI	02903
7. List ALL officers (names and add	dresses)			Check the box to indicate	te an attachment
President Name Most Reverend 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. Timothy D. Reilly			Treasurer Name Most Reverend Thomas J. Tobin		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02903
8. List ALL directors (names and ad	ddresses). RI C	orporations MUST I	ist at least THREE directors.	Check the box to indica	te an attachment
Director Name Most Reverend 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. Timothy D. Reilly			Director Name		
Street Address One Cathedral Square			Street Address		
City Providence	State RI	^{Zip} 02903	City	State	Zip
9. Registered Agent in Rhode Islan	nd. This information	on is currently of recor	d in the Department of State. Cha	inges require filing Form 641	1.
Under penalty of perjury, I decla statements, and that all stateme				accompanying schedul	les and
This report must be signed by either the Pre-				epresentative, Receiver or Trust	ee. /
Name of Officer/Authorized Representative Rev. Timothy D. Reilly, Secretary Date (9)					9/19
Signature of Officer/Authorized Ren	presentative	SIGN DOC	UMEN FILED		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 3577481_1/1444-30 JUL 29 2019

