



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

RECEIVED
 JUL 29 2019

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 28264	2. Exact name of the Corporation Stella Maris Home for Convalescents		
3. State of Incorporation RHODE ISLAND	5. Brief description of the character of business conducted in Rhode Island Religious, charitable and educational activities.		
4. NAICS Code 813110 - Religious Organiza			
6. Principal Office Address One Cathedral Square		City Providence	State RI
		Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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 addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
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 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. Timothy D. Reilly, Secretary			Date 7/19/19
Signature of Officer/Authorized Representative 			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
 3577484, 1/1444-30

JUL 29 2019
 BY 45646