RI SOS Filing Number: 201908475280 Date: 7/29/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

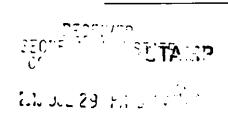
Department of State - Business Services Division

Annual Report for the year: 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	2. Exact name of the Corporation				
28404	The Mercy Home and School				
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 indic	ate 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	Z _{IP} 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and a	ddresses). RI Co	rporations MUST	list at least THREE directors.	Check the box to indic	ate 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	is currently of reco	rd in the Department of State. Cha	inges require filing Form 64	i1.
Under penalty of perjury, I decla statements, and that all stateme				accompanying schedu	iles and
This report must be signed by either the Pre			· · · · · · · · · · · · · · · · · · ·	epresentative, Receiver or Jrus	itee
Name of Officer/Authorized Representative				Date /	alia
Rev. Timothy D. Reilly, Secretary					
Signature of Officer/Authorized Re	oresentative	SIGN DOC	CUMI RILED		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 3577523 1/1444-30 JUL **2 9** 2019

