RI SOS Filing Number: 201908475640 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.

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<u> </u>						
1. Entity ID Number		f the Corporation	 -			
29306	The Saint Clare Home					
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)		Che	eck the box to indicate	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	<u> </u>	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 a	ddresses). RI Con	porations MUST li	ist at least THREE directors.	eck the box to indicate	e 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 record	d in the Department of State. Changes re	quire filing Form 641.		
Under penalty of perjury, I decla statements, and that all stateme			d this report, including any accom I correct.	panying schedule	es and	
			ecretary, Treasurer, duly Authorized Represent	ative, Receiver or fruste	e	
Name of Officer/Authorized Representative Date 19 10				110		
Rev. Timothy D. Reilly, Secretary						
Signature of Officer/Autmorezed Representative SIGN DOCUMENT HERE						
MAIL TO:			TJUL 2 9 2019			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov By USTOLEO

The Saint Clarc Home

29306

ADDITIONAL OFFICER:

Assistant Treasurer

Mary Beth Daigneault One Cathedral Square Providence, RI 02903