RI SOS Filing Number: 201908573760 Date: 7/29/2019 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

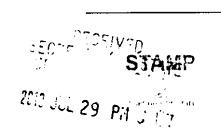
Annual Report for the year: Non-Profit Corporation

2019

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.



<u> </u>			·		
1. Entity ID Number	2. Exact name of the Corporation				
141750	Saint Elizabeth Ann Seton Academy				
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 addresses) Check 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			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 Cor	porations MUST	ist at least THREE directors.	neck the box to indicat	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		
Cily Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Nama	<u> </u>		Director Name Daniel J. Ferris		
Rev. Timothy D. Reilly			Street Address		
Street Address One Cathedral Square			One Cathedral Square		
City Providence	State RI	^{Z₁p} 02903	City Providence	State RI	^{Zip} 02903
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 decla statements, and that all stateme			ed this report, including any accord correct.	mpanying schedul	es and
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representa				ntative, Receiver or Trusto	e. [
Name of Officer/Authorized Representative				Date/	0/10
Rev. Timothy D. Reilly, Secretary					7/19
Signature of Officer Asthoched Representative SIGN DOCUMENT HEREFILED					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 3575982_/1444-30 JUL 29 2019

