



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 <b>26657</b>	2. Exact name of the Corporation <b>House of the Good Shepherd of Providence</b>		
3. State of Incorporation <b>RHODE ISLAND</b>	5. Brief description of the character of business conducted in Rhode Island <b>Religious, charitable and educational activities.</b>		
4. NAICS Code <b>813110 - Religious Organizational</b>			
6. Principal Office Address <b>One Cathedral Square</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
7. List ALL officers (names and addresses). <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Most Reverend Thomas J. Tobin</b>		Vice-President Name <b>Rev. Msgr. Albert A. Kenney</b>	
Street Address <b>One Cathedral Square</b>		Street Address <b>One Cathedral Square</b>	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>
Secretary Name <b>Rev. Timothy D. Reilly</b>		Treasurer Name <b>Most Reverend Thomas J. Tobin</b>	
Street Address <b>One Cathedral Square</b>		Street Address <b>One Cathedral Square</b>	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Most Reverend Thomas J. Tobin</b>		Director Name <b>Rev. Msgr. Albert A. Kenney</b>	
Street Address <b>One Cathedral Square</b>		Street Address <b>One Cathedral Square</b>	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>
Director Name <b>Rev. Timothy D. Reilly</b>		Director Name	
Street Address <b>One Cathedral Square</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>Rev. Timothy D. Reilly, Secretary</b>			Date <b>7/19/19</b>
Signature of Officer/Authorized Representative 			SIGN DOCUMENT HERE <b>FILED</b>

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov  
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BY 657666