



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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STATE

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|--|-----------------|---|--|--------------------|--|
| 1. Entity ID Number 156597 | | 2. Exact name of the Corporation DiMed Corp. | | | |
| 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 Michael Sabatino | | |
| 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 Michael Sabatino | | |
| Street Address One Cathedral Square | | | Street Address One Cathedral Square | | |
| City Providence | State RI | Zip 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 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 <i>Rev. Timothy D. Reilly</i> | | | | | FILED SIGN DOCUMENT HERE JUL 29 2019 BY 065666 |

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov
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