RI SOS Filing Number: 201908578990 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:

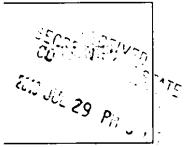
2019

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.



Entity ID Number	2 Evact name of	the Corporation	-		
156597	2. Exact name of the Corporation				
	DiMed Corp.				
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					
813110 - Religious Organizal					
6. Principal Office Address	ncipal Office Address			State	Zıp
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 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					
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	^{Zıp} 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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Nepresentative				Date 7 10	110
Rev. Timothy D. Reilly, Secretary					
Signature of Officerrauthorized Representative SIGN DOCUMENT HERE 3101 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 3570177_1/1444-30 BY \$165666