

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: Non-Profit Corporation

2020

JUN 2 9 2020

211. ..

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

(VO)

<u></u>						
1. Entity ID Number		2. Exact name of the Corporation				
53910	Saint (	Cecilia's C	hurch Corporation	on		
3. State of Incorporation	5. Brief desc	5. Brief description of the character of business conducted in Rhode Island				
RI	Roman Ca	Roman Catholic Church				
4. NAICS Code						
813110 - Religious Organi	]					
6. Principal Office Address			City	State	Zip	
697 Central Ave			Pawtucket	RI	02861	
7. List ALL officers (names and	l addresses)	<del></del>	<del></del>	Check the box to indi-	cate an attachment	
President Name Most Rev. Th	omas J. Tobin	<u>.</u>	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. Michael A. Sisco			Treasurer Name Rev. Michael A. Sisco			
Street Address 697 Central Ave			Street Address 697 Central Ave			
City Pawtcuket	State RI	<sup>Zip</sup> 02861	City Pawtucket	State Ri	Zip <b>02861</b>	
8. List ALL directors (names ar	nd addresses). RI (	Corporations MUST	list at least THREE directors.	Charletha have to indi		
Director Name Rev. Msgr. Albert A. Kenney			Check the box to indicate an attachment L  Director Name Albert J. Ferland			
Street Address One Cathedral Square						
			Street Address 158 Greenville Ave			
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02861	City Pawtucket	State RI	<sup>Zip</sup> 02861	
Director Name  Lorraine Lussier			Director Name			
Street Address 27 Bowen St.			Street Address			
City Pawtucket	State RI	<sup>Zip</sup> 02861	City	State	Zip	
9. Registered Agent in Rhode I	sland. This informat	tion is currently of reco	ord in the Department of State. Cha	anges require filing Form 6	41.	
Under penalty of perjury, I de statements, and that all state				accompanying sched	ules and	
			Secretary, Treasurer, duly Authorized Ri	epresentative, Receiver or Tru	stee.	
Name of Officer/Authorized Re	-	<u> </u>	Date			
Rev. Michael A. Sisco, Tre				6/19/2020		
Signature of Officer/Authorized	Representative	O SENTIO	ENT HERE		/	

MAIL TO:

Division of Business Services

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

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