



Department of State - Business Services Division

Annual Report for the year: **2020**

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.

FILED
JUL 01 2020
27751

1. Entity ID Number 000029156		2. Exact name of the Corporation Saint Anthony's Church Corporation North Providence			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Roman Catholic Church			
4. NAICS Code 813110 - Religious Organ					
6. Principal Office Address 5 Gibbs Street		City North Providence		State RI	Zip 02904
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Most Rev Thomas Tobin			Vice-President Name Rev Msgr Albert 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. Edward S. Cardente			Treasurer Name Rev. Edward S. Cardente		
Street Address 5 Gibbs Street			Street Address 5 Gibbs Street		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
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 Rev Thomas Tobin			Director Name Rev Msgr Albert 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 Edward S Cardente			Director Name Anthony DeSano		
Street Address 5 Gibbs Street			Street Address 54A Wedge Row		
City North Providence	State RI	Zip 02904	City North Providence	State RI	Zip 02904
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 Representative Rev Edward S. Cardente				Date 6.23.20	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	