RI SOS Filing Number: 202047177080 Date: 7/31/2020 4:00:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: Non-Profit Corporation

2020

- → 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	2. Exact name of the Corporation				
27390	All Saints Academy				
3. 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 Organiza					
6. Principal Office Address			City	State	Zip
One Cathedral Square			Providence	Ri	02903
7. List ALL officers (names and add	Iresses)		Cr	eck 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	Zıp 02903	City Providence	State RI	^{7ip} 02903
Secretary Name Rev. Timothy D. Reilly			Treasurer Name Most Reverend Thomas J. Tobin		
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 ad	ldresses). RI Cor	porations MUST I		eck the box to indicate	e 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	^{Zip} 02903
Director Name Rev. Timothy D. Reilly			Director Name Anita E. Brouse		
Street Address One Cathedral Square			Street Address One Cathedral Square		
^{City} Providence	State RI	^{Z₁p} 0290 3	City Providence	State RI	Z ₁ p 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 declar statements, and that all statemen			ed this report, including any accord correct.	npanying schedule	es and
This report must be signed by either the Pres	sident, Vice President,	Secretary, Assistant S	ecretory, Treasurer, duly Authonzed Represen	tative, Receiver or Truste	0 /
Name of Officer/Authorized Representative					12020
Rev. Timothy D. Reilly, Secretary					
Signature of Oficer/Authorized Representative SIGN DOCUMENT HERE					
JUL 3 1 2020					

MAIL TO:

Division of Business Services

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

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

FORM 631 - Revised: 06/2019

10年

All Saints Academy

27390

ADDITIONAL OFFICER:

Assistant Treasurer

Anita E. Brouse One Cathedral Square Providence, RI 02903

ADDITIONAL DIRECTOR:

Daniel J. Ferris One Cathedral Square Providence, RI 02903

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