RI SOS Filing Number: 202047179020 Date: 7/31/2020 4:00:00 PM

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State of Rhode Island and Providence Plantations

## **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.

	<u> </u>					
<ol> <li>Entity ID Number</li> <li>29045</li> </ol>	2. Exact name of the Corporation  Church of Our Lady of Charity of Providence					
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	1 -					
813110 - Religious Organiza						
6. Principal Office Address	<b>!</b>		City	State	Zip	
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. Tot	oin	Vice-President Name Rev. Msgr. Albert A. Kenney			
Street Address One Cathedral Square			Street Address One Cathedral Square			
City Providence	Slate RI	<sup>7ip</sup> <b>02903</b>	City Providence	State RI	Zip <b>02903</b>	
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	Z <sub>IP</sub> 02903	City Providence	State RI	<sup>Zıp</sup> 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	Z <sub>IP</sub> 02903	City Providence	State RI	<sup>Zıp</sup> 02903	
Director Name Rev. Timothy D. Reilly			Director Name			
Street Address One Cathedral Square			Street Address			
City Providence	State RI	Zip 02903	City	State	Zıp	
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, dub Authorited Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative						
Rev. Timothy D. Reilly, Secretary						
Signature of Officer/Authorized Rightesentative Cu Cus A Deliver DOCUMENT HERE OUTCZ						

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 3843011\_1/1444-30