RI SOS Filing Number: 202047200030 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.

Entity ID Number 27084	2 Exact name of the Corporation Father Barry CYO Center					
						
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						
. Principal Office Address			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. Tobin			Vice-President Name Rev. Msgr. Albert A. Kenney			
Street Address One Cathedral Square			Street Address One Cathedral Square			
City Providence	State RI	^{Z₁p} 02903	City Providence	State RI	^{Zip} 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 Al.L 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	^{Z₁p} 02903	City Providence	State RI	^{Zip} 02903	
Director Name Rev. Timothy D. Reilly			Director Name			
Street Address One Cathedral Square			Street Address			
City Providence	State RI	^{7ip} 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, duly Authorized Representative, Receiver of Trustee						
Name of Officer/Authorized Representative Rev. Timothy D. Reilly, Secretary Date 7 2 4 2020						
Signature of Officer/Authorizad Representative - SIGN DOCUMENT HERE						
By Le OQTCZ						
MAIL TO:	1	1				

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 3843048_1/1444-30

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