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.

1. Entity ID Number **28010**	2. Exact name of the Corporation Little Sisters of the Assumption Woonsocket, Rhode Island
3. State of Incorporation **Rhode Island**	5. Brief description of the character of business conducted in 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 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**	Zip **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 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**	Zip **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**	Zip **02903**	City	State	Zip

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, Authorized Representative, Receiver or Trustee

FILED
JUL 31 2020
BY: [illegible] DQ+C2

Name of Officer/Authorized Representative	Date
Rev. Timothy D. Reilly, Secretary	7/24/2020

Signature of Officer/Authorized Representative: Rev. Timothy D. Reilly

SIGN DOCUMENT 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

FORM 631 - Revised: 06/2019

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