



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 104782		2. Exact name of the Corporation The Frassati Residence			
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 One Cathedral Square		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
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 <input checked="" type="checkbox"/>					
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 Rev. Msgr. George L. Frappier			
Street Address One Cathedral Square		Street Address One Cathedral Square			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 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 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Rev. Timothy D. Reilly, Secretary			FILED		Date 7/24/2020
Signature of Officer/Authorized Representative 			SIGN DOCUMENT HERE JUL 31 2020		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.n.gov

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The Frassati Residence

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104782

ADDITIONAL OFFICER:

Assistant Treasurer

Debrah Putman
One Cathedral Square
Providence, RI 02903

ADDITIONAL DIRECTORS:

John J. Barry, III
One Cathedral Square
Providence, RI 02903

Debrah Putman
One Cathedral Square
Providence, RI 02903