State of Rhode Island

Department of State - Business Services Division

FILED

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MAY 18 2021

BY 29481

Annual Report for the year: 2021

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	2. Exact name of the Corporation
29129	Church of Our Lady of the Rosary
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
Rhode ISland	Providing services and assistance to the Portuguese Immigrant Community
4. NAICS Code	
813110	

6. Principal Office Address	City	State	Zip
463 Benefit Street	Providence	RI	02903

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Most Rev. Thomas J. Tobin	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	**Treasurer Name**
Rev. Joseph A. Escobar	Rev. Joseph A. Escobar
Street Address: 463 Benefit Street	Street Address: 463 Benefit Street
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	Director Name
Most Rev. Thomas J. Tobin	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	**Director Name**
Rev. Joseph A. Escobar	Elizabeth Januskiewicz
Street Address: 463 Benefit Street	Street Address: 31 Schoolhouse Road
City: Providence; State: RI; Zip: 02903	City: Warren; State: RI; Zip: 02885

9. The Registered Agent information of record with the RI Department of State is accurate. 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 or Trustee.

Name of Officer/Authorized Representative	Date
Rev. Joseph A. Escobar	12 May 2021

Signature of Officer/Authorized Representative

Rev. Joseph A. Escobar

MAIL TO:
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