



State of Rhode Island

Department of State - Business Services Division

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.

FILED
STAMP

MAY 28 2021

BY

3249 OS

1. Entity ID Number 000028987		2. Exact name of the Corporation CHURCH OF THE HOLY NAME OF JESUS	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island TO CONDUCT THE ROMAN CATHOLIC CHURCH	
4. NAICS Code 813110 - Religious Organization			
6. Principal Office Address 99 CAMP STREET		City PROVIDENCE	State RI Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name MOST REVEREND THOMAS J TOBIN, DD		Vice-President Name REV MSGR ALBERT KENNEY	
Street Address ONE CATHEDRAL SQUARE		Street Address ONE CATHEDRAL SQUARE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI Zip 02903
Secretary Name MARK BERARDO		Treasurer Name REVEREND JOSEPH D SANTOS JR	
Street Address 131 WOODY HILL RD		Street Address 99 CAMP STREET	
City BRADFORD	State RI	City PROVIDENCE	State RI Zip 02906
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, DD		Director Name REVEREND MSGR ALBERT KENNEY	
Street Address ONE CATHEDRAL SQUARE		Street Address ONE CATHEDRAL SQUARE	
City PROVIDENCE	State RI	City PROVIDENCE	State RI Zip 02903
Director Name REVEREND JOSEPH D SANTOS JR		Director Name JOHN CORRIGAN	
Street Address 99 CAMP STREET		Street Address 86 BLACKSTONE BLVD	
City PROVIDENCE	State RI	City PROVIDENCE	State RI Zip 02906
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 REVEREND JOSEPH D SANTOS, JR		Date MAY 10, 2021	
Signature of Officer/Authorized Representative <i>Reverend Joseph D. Santos Jr.</i>			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

CHURCH OF THE HOLY NAME OF JESUS

NKOLIKA ONYE

74 PEARSON STREET

PAWTUCKET, RI 02893

FILED

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BY

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