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 324705

1. Entity ID Number	2. Exact name of the Corporation
000028987	CHURCH OF THE HOLY NAME OF JESUS at Providence Rhode Island
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 Organizatio	

6. Principal Office Address	City	State	Zip
99 CAMP STREET	PROVIDENCE	RI	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	Zip: 02903	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	Zip: 02808	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	Zip: 02903	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	Zip: 02906	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	Date
REVEREND JOSEPH D SANTOS, JR	MAY 10, 2021

Signature of Officer/Authorized Representative

Reverend Joseph D. Santos Jr.

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: 08/2020

CHURCH OF THE HOLY NAME OF JESUS

NKOLIKA ONYE

74 PEARSON STREET

PAWTUCKET, RI 02893

FILED

MAY 28 2021

BY 3249 DS