



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
 JUN 04 2021
 BY 12236 *OR*

1. Entity ID Number 78700		2. Exact name of the Corporation The Diocese of Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious Organization			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 275 North Main Street		City Providence		State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name W. Nicholas Knisely		Vice-President Name Jennifer Zogg			
Street Address 120 Cold Spring Lane		Street Address 7 Saint Michael's Court			
City North Kingstown	State RI	Zip 02852	City Rumford	State RI	Zip 02916
Secretary Name Johanna Marcure		Treasurer Name John Candon			
Street Address 251 Danielson Pike		Street Address 74 Lakewood Drive			
City North Scituate	State RI	Zip 02857	City Narragansett	State RI	Zip 02882
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Dennis Bucco		Director Name Robert Fye			
Street Address 58 Arrow Head Lane		Street Address 603 Paradise Avenue			
City W. Greenwich	State RI	Zip 02817	City Middletown	State RI	Zip 02842
Director Name Toby Field		Director Name			
Street Address 428 Thames Street		Street Address			
City Newport	State RI	Zip 02840	City	State	Zip
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative JOANT. DECELLES				Date 6-1-2021	
Signature of Officer/Authorized Representative <i>Joant. Decelles</i>					

MAIL TO:
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