RI SOS Filing Number: 202197883930 Date: 6/4/2021 4:00:00 PM

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 STA.
JUN 04 2021
BY 12237

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 29347 | St. Dunstan's College of Sacred Music |
| 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 Organizati | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 275 North Main Street | Providence | RI | 02903 |

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

| | | | | | |
|---|---|---|---|---|---|
| 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 ☐

| | | | | | |
|---|---|---|---|---|---|
| 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.***

*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 |
|---|---|
| JOHN T. DECELLES | 6-1-2021 |

Signature of Officer/Authorized Representative: John T. DeCelles

**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