



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** 31A.

JUN 04 2021

12237

1. Entity ID Number <b>29347</b>		2. Exact name of the Corporation <b>St. Dunstan's College of Sacred Music</b>			
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>W. Nicholas Knisely</b>			Vice-President Name <b>Jennifer Zogg</b>		
Street Address <b>120 Cold Spring Lane</b>			Street Address <b>7 Saint Michael's Court</b>		
City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>Rumford</b>	State <b>RI</b>	Zip <b>02916</b>
Secretary Name <b>Johanna Marcure</b>			Treasurer Name <b>John Candon</b>		
Street Address <b>251 Danielson Pike</b>			Street Address <b>74 Lakewood Drive</b>		
City <b>North Scituate</b>	State <b>RI</b>	Zip <b>02857</b>	City <b>Narragansett</b>	State <b>RI</b>	Zip <b>02882</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Dennis Bucco</b>			Director Name <b>Robert Fye</b>		
Street Address <b>58 Arrow Head Lane</b>			Street Address <b>603 Paradise Avenue</b>		
City <b>W. Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
Director Name <b>Toby Field</b>			Director Name		
Street Address <b>428 Thames Street</b>			Street Address		
City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
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 <b>JOHN T. DECELLES</b>				Date <b>6-1-2021</b>	
Signature of Officer/Authorized Representative <i>John T. DeCelles</i>					

MAIL TO:  
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