RI SOS Filing Number: 202197903160 Date: 6/7/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

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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.		2021 JUN -7 P 3 3 1			
Entity ID Number 2. Exact name of the Corporation					
482951	Saint Kateri Tekwitha Catholic Community				
State of Incorporation	Brief description of the character of business conducted in Rhode Island				
4. NAICS CODE 8/3/10 Religious Organ	Church				
6. Principal Office Address		City	State	Zip	
84 Exeter Was	ed .	Efeter	R.E.	02822	
7. List ALL officers (names and add	Che	ck the box to indicate	e an attachment .		
President Name Most Reveren	Thomas 1. Toben	Vice-President Name Leg Mys. albert A. Lexney			
Street Address One Cathodrae Quare		Street Address) Collis Square			
City Providence	State T 72102903	City Providence	State R. I	Zip 02903	
Secretary Halliefer Gerarde Sobouran		Treasurer Names Grove So Burin			
Street Address 94 Eye &	oddresp 4 Exe Ex Roa		Street Address & eter Row		
City Efeter	State T. 02872	City Execu	State	Zip 2822	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment					
Director Name Wast Rev. Thomas J. Tolon Director Name Ravely, albert Kenney				nnep	
Street Address Org Catheline Lawre		Street Address Bre Collebra Square			
City Providence		City Ploudones	State T	zipG2903	
Director Name	und Jalverre	Director Name J. Timothy Kocat			
Street Address 84 Exets Road		Street Address 1, Indean Colver Roc			
city States	State A.T Zip 2722	City Sauden town	State T	Zip 02874	
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filling 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			6-7-2021		
Signature of Officer/Authorized Representative					
Ru Revere Da Gerrie					
FILED					

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov