



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JUN -1 P 3 31

1. Entity ID Number 482951		2. Exact name of the Corporation Saint Kateri Tekawitha Catholic Community	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church	
4. NAICS Code 813110 Religion Organ			
6. Principal Office Address 84 Exeter Road		City Exeter	State R.I.
		Zip 02822	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Most Reverend Thomas J. Tobin		Vice-President Name Rev. Mr. Albert A. Kenney	
Street Address One Cathedral Square		Street Address One Cathedral Square	
City Providence	State R.I.	City Providence	State R.I.
Zip 02903		Zip 02903	
Secretary Name Rev. Gerard S. Gorman		Treasurer Name Rev. Gerard S. Gorman	
Street Address 84 Exeter Road		Street Address 84 Exeter Road	
City Exeter	State R.I.	City Exeter	State R.I.
Zip 02822		Zip 02822	
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 Most Rev. Thomas J. Tobin		Director Name Rev. Mr. Albert Kenney	
Street Address One Cathedral Square		Street Address One Cathedral Square	
City Providence	State R.I.	City Providence	State R.I.
Zip 02903		Zip 02903	
Director Name Rev. Gerard S. Gorman		Director Name J. Timothy Kocak	
Street Address 84 Exeter Road		Street Address 11 Indian Corner Rd	
City Exeter	State R.I.	City Sanderson	State R.I.
Zip 02822		Zip 02874	
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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>			
Name of Officer/Authorized Representative Rev. Gerard S. Gorman			Date 6-7-2021
Signature of Officer/Authorized Representative Rev. Gerard S. Gorman			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov

FILED

JUN 07 2021

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FORM 631 - Revised: 08/2020