



State of Rhode Island and Providence Plantations

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.

JUN 19 2021

By: 3764508

1. Entity ID Number 29232		2. Exact name of the Corporation Church of Saint Vincent de Paul, Anthony Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To care for the spiritual needs of the people of our parish.			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 6 Saint Vincent de Paul Street		City Coventry		State RI	Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Most Reverend Thomas Tobin			Vice-President Name Monsignor Albert A. Kenny		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Rev. Jacek Ploch			Treasurer Name Rev. Jacek Ploch		
Street Address 6 Saint Vincent de Paul Street			Street Address 6 Saint Vincent de Paul Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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 Monsignor Albert A. Kenny		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Norman Charron			Director Name Joseph Bergeron		
Street Address 78 Station Street			Street Address 7 Yates Avenue		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
9. Registered Agent in Rhode Island This information is currently of record in the Department of State. 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 Rev. Jacek Ploch, Secretary-Treasurer				Date 6/3/21	
Signature of Officer/Authorized Representative X Rev. Jacek Ploch				SIGN DOCUMENT HERE	

MAIL TO:
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