



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: **2021**

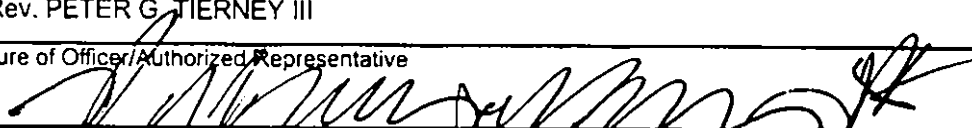
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number 000158813		2. Exact name of the Corporation SUE'S TITHE, INCORPORATED			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO RECEIVE GIFTS AND GRANTS OF MONEY AND PROPERTY OF EVERY KIND AND TO ADMINISTER THE SAME FOR THE PURPOSES OF COMMUNITY OUTREACH, AND ALL OTHER LAWFUL BUSINESS.			
4. NAICS Code 813211					
6. Principal Office Address 24 HAMLET AVENUE			City WOONSOCKET	State RI	Zip 02895
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name The Rev. PETER G. TIERNEY III			Vice-President Name TED CONLON		
Street Address 28 HAMLET AVENUE			Street Address 590 PROVIDENCE STREET		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Secretary Name MICHELLE KAVENY			Treasurer Name KATHRYN ATKINS, Esquire		
Street Address 150 WEST WRENTHAM ROAD			Street Address 445 GRANGE ROAD		
City CUMBERLAND	State RI	Zip 02864	City NORTH SMITHFIELD	State RI	Zip 02896
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name JOHN CAPOBIANCO			Director Name JO-ANN SUGDEN		
Street Address 1 CAARNATION STREET			Street Address 377 SUMMER STREET		
City WOONSOCKET	State RI	Zip 02895	City WOONSOCKET	State RI	Zip 02895
Director Name BRIAN RODERICK			Director Name BEVERLY A. ALWARD		
Street Address 426 GROVE STREET = Apartment 1			Street Address 25 FLAT STREET = Apartment 303		
City WOONSOCKET	State RI	Zip 02895	City CUMBERLAND	State RI	Zip 02864
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 The Rev. PETER G. TIERNEY III					Date 6/2/2021
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.scs.ri.gov