



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Non-Profit Corporation

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

1. Entity ID Number 000059224		2. Exact name of the Corporation New England Conference of Diocesan Directors of Religious Education			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To sponsor Religious activities and projects.			
4. NAICS Code 813110 - Religious Organizations					
6. Principal Office Address One Cathedral Square		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Most Reverend Robert McManus			Vice-President Name Most Reverend Frank J. Caggiano		
Street Address 49 Elm Street			Street Address 238 Jewett Avenue		
City Worcester	State MA	Zip 01609	City Bridgeport	State CT	Zip 06606
Secretary Name Andrea Hoisl			Treasurer Name Edward Trendowski		
Street Address 201 Broadway			Street Address One Cathedral Square		
City Norwich	State CT	Zip 06360	City Providence	State RI	Zip 02903
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 Elizabeth Marcil			Director Name Kelly Henderschedt		
Street Address 49 Elm Street			Street Address 467 Bloomfield Avenue		
City Worcester	State MA	Zip 01609	City Bloomfield	State CT	Zip 06002
Director Name Mary Jane Silva			Director Name		
Street Address 153 Ash Street			Street Address		
City Manchester NH			Zip 03104		
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Edward J. Trendowski				Date 06/02/2021	
Signature of Officer/Authorized Representative Edward J. Trendowski					

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