



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 <b>000059224</b>		2. Exact name of the Corporation <b>New England Conference of Diocesan Directors of Religious Education</b>			
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Most Reverend Robert McManus</b>			Vice-President Name <b>Most Reverend Frank J. Caggiano</b>		
Street Address <b>49 Elm Street</b>			Street Address <b>238 Jewett Avenue</b>		
City <b>Worcester</b>	State <b>MA</b>	Zip <b>01609</b>	City <b>Bridgeport</b>	State <b>CT</b>	Zip <b>06606</b>
Secretary Name <b>Andrea Hoisl</b>			Treasurer Name <b>Edward Trendowski</b>		
Street Address <b>201 Broadway</b>			Street Address <b>One Cathedral Square</b>		
City <b>Norwich</b>	State <b>CT</b>	Zip <b>06360</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Elizabeth Marcil</b>			Director Name <b>Kelly Henderschedt</b>		
Street Address <b>49 Elm Street</b>			Street Address <b>467 Bloomfield Avenue</b>		
City <b>Worcester</b>	State <b>MA</b>	Zip <b>01609</b>	City <b>Bloomfield</b>	State <b>CT</b>	Zip <b>06002</b>
Director Name <b>Mary Jane Silva</b>			Director Name		
Street Address <b>153 Ash Street</b>			Street Address		
<b>Manchester NH 03104</b>			City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Edward J. Trendowski</b>				Date <b>06/02/2021</b>	
Signature of Officer/Authorized Representative <b>Edward J. Trendowski</b>					

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

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