RI SOS Filing Number: 202198549240 Date: 6/22/2021 4:00:00 PM

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.

1 Entity ID Number	2 Eventure	no of the Campustics				
1. Entity ID Number 000030896	2. Exact name of the Corporation S.S. Peter snd Paul's Church, Phoenixville, RI					
· ************************************	<u>.</u>					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	Roman Ca	tholic Church				
4. NAICS Code						
6. Principal Office Address			City	State	Zip	
48 Highland St			West Warwick	RI	02893	
7. List ALL officers (names and ad-	dresses)			Check the box to ind	icate an attachment	
President Name Most Rev. Thomas J. Tobin			Vice-President Name Rev. Msgr. Albert A. Kenney			
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. Robert J. Giardina			Treasurer Name Rev. Robert J. Giardina			
Street Address 48 Highland St			Street Address 48 Highland St			
^{City} West Warfwick	State RI	^{Zip} 02893	^{City} West Warwick	State RI	^{Zip} 02893	
8. List ALL directors (names and a	ddresses). Ri	Corporations MUST	list at least THREE directors.	Check the box to ind	icate an attachment 🗹	
Director Name Most Rev. Thomas J. Tobin			Director Name Rev. Msgr. Albert A. Kenney			
Street Address One Cathedral Square			Street Address One Cathedral Square			
^{City} Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02903	
Director Name Rev. Robert J. Giardina			Director Name Mr. William Millea			
Street Address 48 Highland St.			Street Address 15 Woodbine St			
City West Warwick	State RI	^{Zip} 02893	City West Warwick	State RI	^{Zip} 02893	
9. The Registered Agent information	on of record w	ith the RI Departmer	nt of State is accurate. Changes	require filing Form 64	11.	
Under penalty of perjury, I decla statements, and that all stateme				accompanying sche	dules and	
This report must be signed by either the Pre	sident, Vice-Presi	ident, Secretary, Assistant	Secretary, Treasurer, duly Authorized Re	epresentative, Receiver or Tr	rustee.	
Name of Officer/Authorized Representative				Date		
Rev. Robert J. Giardina				6-	6-16-21	
Signature of Officer/Authorized Re	presentative	į.				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov Entity ID Number: 000030896

S.S. Peter and Paul's Church Phoenixville, RI

48 Highland St., West Warwick, RI 02893

Director: Mr. Robert Pare

49 Hornbeam Rd., Coventry, RI 02816

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