



State of Rhode Island

Department of State - Business Services Division

FILED

JUN 28 2021

BY 

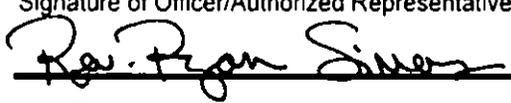
Annual Report for the year: **2021**

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 000515224		2. Exact name of the Corporation All Saints Parish, Woonsocket, Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Roman Catholic Church			
4. NAICS Code 813110 - Religious Organizations					
6. Principal Office Address 323 Rathbun Street		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 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. Ryan J. Krocka-Simas			Treasurer Name Rev. Ryan J. Krocka-Simas		
Street Address 323 Rathbun Street			Street Address 323 Rathbun Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
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 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. Ryan J. Krocka-Simas			Director Name Alcida Adam		
Street Address 323 Rathbun Street			Street Address 698 N. Main Street		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
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 Rev. Ryan J. Krocka-Simas				Date 06/22/21	
Signature of Officer/Authorized Representative 					

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