



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.

FILED

JUL 09 2021

BY

1. Entity ID Number 000029081		2. Exact name of the Corporation Church of Our Lady of Grace			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 4 Lafayette St			City Johnston	State RI	Zip 02919
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Most. Rev. Thomas J Tobin			Vice-President Name Rev. Msgr. Albert 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. Peter J Gower			Treasurer Name Rev. Peter J Gower		
Street Address 4 Lafayette St			Street Address 4 Lafayette St		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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 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. Peter J Gower			Director Name Paul Gondreau		
Street Address 4 Lafayette St			Street Address 4 Lafayette St		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
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 Rev. Peter J. Gower				Date 6/30/21	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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

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