



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.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2021 JUL 21 A 9 16

1. Entity ID Number 53910		2. Exact name of the Corporation Saint Cecilia's Church Corporation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Roman Catholic Church			
4. NAICS Code 813110 - Religious Organization <input type="checkbox"/>					
6. Principal Office Address 755 Central Ave		City Pawtucket		State RI	Zip 02861
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. Stephen M. Battey			Treasurer Name Rev. Stephen M. Battey		
Street Address 755 Central Ave			Street Address 755 Central Ave		
City Pawtucket	State RI	Zip 02861	City Pawtucket	State RI	Zip 02861
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 Rev. Msgr. Albert A. Kenney			Director Name Albert J. Ferland		
Street Address One Cathedral Square			Street Address 158 Greenville Ave		
City Providence	State RI	Zip 02903	City Pawtucket	State RI	Zip 02861
Director Name Lorraine Lussier			Director Name		
Street Address 27 Bowen St.			Street Address		
City Pawtucket	State RI	Zip 02861	City	State	Zip
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. Stephen M. Battey				Date 7/12/2021	
Signature of Officer/Authorized Representative <i>Rev. Stephen M. Battey</i>					

FILED

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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BY *56965*
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FORM 631 - Revised: 08/2020