



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Non-Profit Corporation

OCT 14 2021

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

BY [Signature]

1. Entity ID Number 000030094		2. Exact name of the Corporation Saint James Church Assoc	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island CHURCH	
4. NAICS Code 813110			
6. Principal Office Address 20 Washington St.		City West Warwick	State RI
		Zip 02893	
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 Sq.		Street Address One Cathedral Sq.	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Secretary Name Rev. Nicholas Fleming		Treasurer Name Rev. Nicholas Fleming	
Street Address 20 Washington St.		Street Address 20 Washington St.	
City West Warwick	State RI	City N. Warwick	State RI
Zip 02893		Zip 02893	
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. Nicholas Fleming		Director Name Most Rev. Thomas Tobin	
Street Address 20 Washington St.		Street Address One Cathedral Sq.	
City West Warwick	State RI	City Providence	State RI
Zip 02893		Zip 02903	
Director Name Rev. Msgr Albert Kenney		Director Name Linca Osenkowski	
Street Address One Cathedral Sq.		Street Address 105 Pembroke Ln	
City Providence	State RI	City Coventry	State RI
Zip 02903		Zip 02816	
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. Nicholas Fleming			Date 9/30/21
Signature of Officer/Authorized Representative <u>[Signature]</u>			

MAIL TO:
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