



Department of State - Business Services Division

Annual Report for the year: 2022

Non-Profit Corporation

→ Filing period: February 1 - May 1

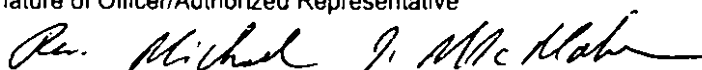
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 04 2022

BY 4108

1. Entity ID Number 000026789		2. Exact name of the Corporation Our Lady of Good Help and St. Theresa Shrine			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Charitable Organization.			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 35 Dion Drive		City Harrisville	State RI	Zip 02830	
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. Michael J. McMahon			Treasurer Name Rev. Michael J. McMahon		
Street Address 1063 Victory Highway			Street Address 1063 Victory Highway		
City Mapleville	State RI	Zip 02839	City Mapleville	State RI	Zip 02839
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" 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. Michael J. McMahon			Director Name Michael Cosetta		
Street Address 1063 Victory Highway			Street Address 380 Cooper Hill Road		
City Mapleville	State RI	Zip 02839	City Mapleville	State RI	Zip 02839
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. Michael J. McMahon				Date March 18, 2022	
Signature of Officer/Authorized Representative 					

1020789

Our Lady of Good Help and St. Theresa Shrine ID # 000026789

ADDITIONAL DIRECTOR:

Normand J. Dalpe

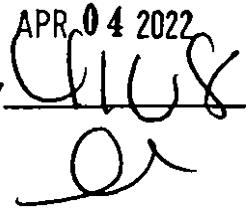
1005 Mount Pleasant Road

Harrisville, RI 02830

FILED

APR 04 2022

BY

A handwritten signature, possibly reading 'C. J. Dalpe', is written over a horizontal line. Below the line is another handwritten mark, possibly a stylized 'D' or 'J'.