RI SOS Filing Number: 202214316650 Date: 4/4/2022 4:00:00 PM

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Rhode Island

rtment 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.

			<u> </u>	B1.25.1	Ω		
1. Entity ID Number	2. Exact name of the Corporation						
000030356	SAINT MARY'S CHURCH CRANSTON						
State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
RHODE ISLAND	CATHOLIC CHURCH AND SCHOOL						
4. NAICS Code							
813110 - Religious Organizations							
6. Principal Office Address			City	State	Zip		
1525 CRANSTON STREE	EET		CRANSTON	RI	02920		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
resident Name MOST REV.BISHOP THOMAS J.TOBIN		Vice-President Name REV.MSGR ALBERT A. KENNEY					
Street Address ONE CATHED	RAL SQUARE		Street Address ONE CATHEDRAL SQUARE				
City PROVIDENCE	State RI	^{Zip} 02903	City PROVIDENCE	State RI	^{Zip} 02903		
Secretary Name REV.MICHAEL			EL SISCO				
Street Address 1525 CRANSTO	STON STREET		Street Address 1525 CRANSTON STREET				
City CRANSTON	State RI	^{Zip} 02920	City CRANSTON	State RI	^{Zip} 02920		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
	Name ROBERT PIRRAGLIA		Director Name LINDA GEREMIA				
Street Address 70 SOUTH STREET		Street Address 24 WEBBER AVENUE					
City CRANSTON	State RI	^{Zip} 02920	City CRANSTON	State RI	^{Zip} 02920		
Offector Marine	au 2	5150	Director Name				
Street Address Street Address							
Manskn	State	(*)2F2(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.							
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Representative			Date	Date			
REV. MICHAEL SISCO				3/30/2022			
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.n.gov ... I 30350

Miss Rachel Paliotti 41 Hyde Street Cranston, RI 02920

Mr. Michael Napolitano 96 Crest Drive Cranston, RI 02921

Mr. Eugene Richmond 6 Oak Tree Lane Cranston, RI 02920

Mr. Thomas Rossi 42 Blue Ridge Road Cranston, RI 02920

Mrs. Patricia Russo 165 Knollwood Avenue Cranston, RI 02910

Gregory Scorpio 103 Twin Birch Drive Cranston, RI 0292 FILED

APR 04 2022

BY_