



State of Rhode Island
Department of State - Business Services Division

FILED

JAN 30 2023

BY *[Signature]*

Annual Report for the year: 2023
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.

1. Entity ID Number <u>30361</u>	2. Exact name of the Corporation <u>St. Mary's Church - Cranston Rhode Island</u>
3. State of Incorporation <u>RI</u>	5. Brief description of the character of business conducted in Rhode Island <u>Roman Catholic Church</u>
4. NAICS Code <u>813110</u>	

6. Principal Office Address <u>20 Washington St.</u>	City <u>W. Warwick</u>	State <u>RI</u>	Zip <u>02893</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <u>Most Rev. Thomas J. Tobin</u>			Vice-President Name <u>Rev. Msgr. Albert A. Kenney</u>		
Street Address <u>One Cathedral Sq</u>			Street Address <u>One Cathedral Sq.</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>
Secretary Name <u>Rev. Nicholas Fleming</u>			Treasurer Name <u>Rev. Nicholas Fleming</u>		
Street Address <u>20 Washington St.</u>			Street Address <u>20 Washington St.</u>		
City <u>W. Warwick</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>W. Warwick</u>	State <u>RI</u>	Zip <u>02893</u>

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name <u>Rev. Nicholas Fleming</u>			Director Name <u>Most Rev. Thomas Tobin</u>		
Street Address <u>20 Washington St.</u>			Street Address <u>One Cathedral Sq.</u>		
City <u>W. Warwick</u>	State <u>RI</u>	Zip <u>02893</u>	City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>
Director Name <u>Rev. Msgr. Albert Kenney</u>			Director Name <u>Lynn Oserkowski</u>		
Street Address <u>One Cathedral Sq</u>			Street Address <u>105 Pembroke Ln</u>		
City <u>Providence</u>	State <u>RI</u>	Zip <u>02903</u>	City <u>Coverston</u>	State <u>RI</u>	Zip <u>02816</u>

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, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative <u>Rev. Nicholas Fleming</u>	Date <u>1/28/23</u>
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Signature of Officer/Authorized Representative
[Signature]

MAIL TO:
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Website: www.sos.ri.gov