



State of Rhode Island  
**Department of State - Business Services Division**

**FILED**

JAN 30 2023

BY *[Signature]*

Annual Report for the year:  
 Non-Profit Corporation

2023

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

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

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

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

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

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

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov