



RI SOS Filing Number: 202327986270 Date: 2/6/2023 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

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.

FEB 06 2023

27144

1. Entity ID Number 000030893		2. Exact name of the Corporation SS. John and Paul Parish Corp., Coventry	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Roman Catholic Church	
4. NAICS Code 813110			
6. Principal Office Address 341 South Main St.		City Coventry	State RI
		Zip 02816	
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 Maureen Jendryke		Treasurer Name Rev. Michael J. Woolley	
Street Address 26 Robbins Dr.		Street Address 341 South Main St.	
City Coventry	State RI	City Coventry	State RI
Zip 02816		Zip 02816	
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 Rev. Michael J. Woolley		Director Name Most Rev. Thomas J. Tobin	
Street Address 341 South Main St.		Street Address One Cathedral Sq.	
City Coventry	State RI	City Providence	State RI
Zip 02816		Zip 02903	
Director Name Rev. Msgr. Albert A. Kenney		Director Name Maureen Jendryke	
Street Address One Cathedral Sq.		Street Address 26 Robbins Dr.	
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.			
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 Rev. Michael J. Woolley			Date 2/1/23
Signature of Officer/Authorized Representative <i>For Michael J. Woolley</i>			

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

Cont. List of Directors:

Thomas Sullivan
6 White Oak Ct.
Coventry, RI 02816