RI SOS Filing Number: 202328424870 Date: 2/9/2023 4:00:00 PM

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

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.

FEB 0 9 2023	
BY	

1. Entity ID Number	2. Exact name of	the Corporation						
000101034	All Saints Catholic Community							
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
RI	non-profit, religious, charitable							
4. NAICS Code								
813110 - Religious Organizati		_						
6. Principal Office Address			City	State	Zip			
1200 Mendon Road			Woonsocket	RI	02895			
7. List ALL officers (names and add	lresses)		Che	ck the box to indicate	an attachment			
President Name Most Rev. Tho	mas 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. Ryan J. Krocka-Simas			Treasurer Name Rev. Ryan J. Krocka-Simas					
Street Address 1200 Mendon Road			Street Address 1200 Mendon Road					
City Woonsocket	State RI	^{Z₁p} 02895	City Woonsocket	State RI	^{Zip} 02895			
8. List ALL directors (names and ad	idresses). Ri Corp	oorations MUST li	st at least THREE directors.	eck the box to indicate	an attachment			
Director Name Most Rev. Thom	nas 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. Ryan J. K	rocka-Simas	<u>-</u>	Director Name Julien P. Ayotte					
Street Address 1200 Mendon F			Street Address 107 Old River Road Unit 88					
City Woonsocket	State RI	^{Zip} 02895	^{City} Lincoln	State RI	^{Zip} 02865			
9. The Registered Agent information	n of record with th	e RI Department	of State is accurate. Changes require	e filing Form 641.				
Under penalty of perjury, I declar statements, and that all stateme	re and affirm that nts contained he	t I have examine rein are true and	d this report, including any accom I correct.	panying schedule	es and			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treesurer, duty Authorized Representative, Receiver or Trustee								
Name of Officer/Authorized Repres	Date							
R. D. S.	12/6/23							
Signature of Office Authorized Representative								
	سحس							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov

I) 101034

ADDITIONAL DIRECTOR

FILED

Edwin Burke

52 Hillsdale Street

Woonsocket, RI 02895