



State of Rhode Island
Department of State - Business Services Division

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.

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2023 FEB 21 A 11:47

1. Entity ID Number 000482951		2. Exact name of the Corporation Saint Kateri Tekakwitha Catholic Community	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Church	
4. NAICS Code 813110 Religious Organization			
6. Principal Office Address 1 Cathedral Square		City Providence	State RI
		Zip 02903	
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. Kennedy	
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. Msgr. Gerard Sabourin		Treasurer Name Rev. Msgr. Gerard Sabourin	
Street Address 84 Eater Road		Street Address 84 Eater Road	
City Eater	State RI	Zip 02822	City Eater
			State RI
			Zip 02822
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Most Rev. Thomas J. Tobin		Director Name Rev. Msgr. Albert A. Kennedy	
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. Msgr. Gerard Sabourin		Director Name Timothy Kocal	
Street Address 84 Eater Rd		Street Address 11 Sodom Trail	
City EATER	State RI	Zip 02822	City Eater
			State RI
			Zip 02822
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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>			
Name of Officer/Authorized Representative Gerard Sabourin		FILED FEB 21 2023	Date 02-21-23
Signature of Officer/Authorized Representative <i>Gerard Sabourin</i>		BY AHJHT	