



RI SOS Filing Number: 202329170280 Date: 2/21/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

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.

FILED

FEB 21 2023

BY

1. Entity ID Number 000028811		2. Exact name of the Corporation Christ The King Church Corporation, Kingston			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island ROMAN CATHOLIC CHURCH			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 180 OLD NORTH ROAD		City KINGSTON	State RI	Zip 02881	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name MOST REVEREND THOMAS J. TOBIN		Vice-President Name REV. MSGR. ALBERT A. KENNEY			
Street Address ONE Cathedral Square		Street Address One Catedral Square			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Rev. Jared J. Costanza		Treasurer Name Rev. Jared J. Costanza			
Street Address 180 Old North Road		Street Address 180 Old North Road			
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
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 Reverend Thomas 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 Mark Noble		Director Name Philip Tracy			
Street Address 1158 South Road		Street Address 10 Thorpe Lane			
City Wakefield	State RI	Zip 02879	City West Kingston	State RI	Zip 02892
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 JARED J. COSTANZA				Date 2/17/23	
Signature of Officer/Authorized Representative 					

MAIL TO:
Division of Business Services
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Website: www.sos.n.gov