



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.

FEB 23 2023

23933

1. Entity ID Number 000030134		2. Exact name of the Corporation St. John's Church Society Rhode Island			
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 <input type="checkbox"/>					
6. Principal Office Address PO Box 266, 63 Church Street		City Slatersville		State RI	Zip 02876
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name Most Rev. Thomas J. Tobin, D.D.		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. Gerard J. Caron		Treasurer Name Rev. Gerard J. Caron			
Street Address PO Box 266, 63 Church Street		Street Address PO Box 266, 63 Church Street			
City Slatersville	State RI	Zip 02876	City Slatersville	State RI	Zip 02876
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 Most Rev. 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 Rev. Gerard J. Caron		Director Name Mr. Michael Flynn			
Street Address PO Box 266, 63 Church Street		Street Address 580 St. Paul Street			
City Slatersville	State RI	Zip 02876	City North Smithfield	State RI	Zip 02896
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. Gerard J. Caron				Date 2-21-2023	
Signature of Officer/Authorized Representative <i>Rev. Gerard J. Caron</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

St. John's Church Society Rhode Island

Additional Director:

Mr. Ronald Renaud
2 Lincoln Drive
N Smithfield RI 02896