RI SOS Filing Number: 202332189330 Date: 3/31/2023 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division

I 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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BY
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1. Eptity ID Nymber	2. Exact name of the Corporation						
: 02508(n	Church of Our Lady of Loreto						
State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Roman Catholic Church						
4. NAICS Code	1		:	• •			
813110 - Religious Organizati							
6. Principal Office Address			City	State	Zip		
346 Waterman Avenue			East Providence	RI	02914		
7. List ALL officers (names and add	dresses)		Che	ck the box to indicate	an attachment		
President Name Most Reverend Thomas J. Tobin			Vice-President Name Reverend 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, Maria Julian Bernad Lourdu Samy			Treasurer Name Rev. Maria Julian Bernad Lourdu Samy				
Street Address 346 Waterman Avenue			Street Address 346 Waterman Avenue				
^{City} East Providence	State RI	^{Zip} 02914	^{City} East Providence	State RI	^{Zip} 02914		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Most Reverend Thomas J. Tobin			Director Name Reverend Msgr. Albert A Kenney				
Street Address One Cathedral Square			Street Address One Cathedral Square				
City Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zıp} 02903		
Director Name Rev, Maria Julian Bernad Lourdu Samy			Director Name Joseph E. DeAndrade				
Street Address 346 Waterman Avenue			Street Address 173 Waterman Avenue				
^{City} East Providence	State RI	^{Zip} 02914	City East Providence	State RI	^{Zip} 02914		
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 Repres	Date						
Rev. Maria Julian Bernad Lourdu Samy				3/8/2023			
Signature of Officer/Authorized Rep	entative	·					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.n.gov JO 029086

Addendum:

Legal Title of Corporation

Stephen J. Capineri

Additional Director

Lay Trustee

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Secretary Secretary