




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 STAMP
APR 13 2023
 BY 4142
DS

1. Entity ID Number 000028987		2. Exact name of the Corporation CHURCH OF THE HOLY NAME OF JESUS @ PROVIDENCE, RI			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island ROMAN CATHOLIC CHURCH			
4. NAICS Code 813110					
6. Principal Office Address 99 CAMP ST.			City PROVIDENCE	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MOST REV. THOMAS J TOBIN, DD			Vice-President Name REV. MSGR ALBERT 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 MARK BERARDO			Treasurer Name REV LAZARUS ONUH		
Street Address 131 WOODY HILL RD			Street Address 99 CAMP ST		
City BRADFORD	State RI	Zip 02808	City PROVIDENCE	State RI	Zip 02906
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, DD			Director Name REV MSGR ALBERT 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 LAZARUS ONUH			Director Name JOHN CORRIGAN		
Street Address 99 CAMP ST			Street Address 86 BLACKSTONE BLVD		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative REV. LAZARUS ONUH				Date 4/4/23	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

ENTITY ID #00028987

CHURCH OF THE HOLY NAME OF JESUS @ PROVIDENCE, RHODE ISLAND

DIRECTOR:

NKOLIKA ONYE

74 PEARSON ST

PAWTUCKET, RI 02893

FILED

APR 13 2023

BY 442
DS