



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.

APR 14 2023

303538

1. Entity ID Number 29129		2. Exact name of the Corporation Church of Our Lady of the Rosary			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Providing services and assistance to the Portuguese Immigrant Community			
4. NAICS Code 813110 - Religious Orgar					
6. Principal Office Address 463 Benefit Street		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. 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. Joseph A. Escobar			Treasurer Name Rev. Joseph A. Escobar		
Street Address 463 Benefit Street			Street Address 463 Benefit Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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. 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. Joseph A. Escobar			Director Name Elizabeth Januskiewicz		
Street Address 463 Benefit Street			Street Address 31 Schoolhouse Road		
City Providence	State RI	Zip 02903	City Warren	State RI	Zip 02885
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 Rev. Joseph A. Escobar				Date 12 April 2023	
Signature of Officer/Authorized Representative Rev. Joseph A. Escobar					