



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 20 2023 TAP
8400

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|--|-----------------|--|---------------------------|
| 1. Entity ID Number 30822 | | 2. Exact name of the Corporation St. Peter's Church, Warwick, Rhode Island | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island Roman Catholic Church/Parish | |
| 4. NAICS Code 813110 - Religious Orgar | | | |
| 6. Principal Office Address 350 Fair Street | | City Warwick | State RI |
| | | Zip 02888 | |
| 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 | City Providence | State RI |
| Zip 02903 | | Zip 02903 | |
| Secretary Name Stephen Isherwood, Trustee | | Treasurer Name Reverend Roger C. Gagne', Pastor | |
| Street Address 339 Fair Street | | Street Address 350 Fair Street | |
| City Warwick | State RI | City Warwick | State RI |
| Zip 02888 | | Zip 02888 | |
| 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 Reverend Roger C. Gagne' | |
| Street Address One Cathedral Square | | Street Address 350 Fair Street | |
| City Providence | State RI | City Warwick | State RI |
| Zip 02903 | | Zip 02888 | |
| Director Name Stephen Isherwood, Trustee | | Director Name Kathleen Bowling, Trustee | |
| Street Address 339 Fair Street | | Street Address 107 Squantum Drive | |
| City Warwick | State RI | City Warwick | State RI |
| Zip 02888 | | Zip 02888 | |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 64'. | | | |
| 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 Reverend Roger C. Gagne', Pastor | | | Date 04-17-2023 |
| 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