



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

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) <input type="checkbox"/> Check the box to indicate an attachment					
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 Stephen Isherwood, Trustee			Treasurer Name Reverend Roger C. Gagne', Pastor		
Street Address 339 Fair Street			Street Address 350 Fair Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment					
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	Zip 02903	City Warwick	State RI	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	Zip 02888	City Warwick	State RI	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:
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