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State of Rhode Island

Department of State - Business Services Division

FILEDO

Annual Report for the year: 2023	
Non Profit Corporation	

Non-Profit Corporation

→ Filing period. February 1 - May 1.

→ Filing Fee: \$20 00

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BAY 3282

→ Penalty: Additional \$25.00 fee if	form is not filed by	May 31.		<u> </u>					
1. Entity ID Number 00030784	2 Exact name of the Corporation Saint Paul's Church of Edgewood								
State of Incorporation Rhode Island	Brief description of the character of business conducted in Rhode Island Roman Catholic Church								
⁴ NAICS Code 813110 Religious Org									
6 Principal Office Address One Saint Paul Place			City Cranston	State R1	Zip 02905				
7 List ALL officers (names and addresses) Check the box to indicate an attachment									
President Name Most Rev. Thomas J. Tobin, Bishop			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	⁷¹⁰ 02903				
Rev. Thomas Woodhouse			Treasurer Name Rev. Thomas Woodhouse						
Street Address One Saint Paul Place			Stree: Address One Saint Paul Place						
^{City} Cranston	State RI	^{Zip} 02905	City Cranston	State RI	Zip 02905				
8. List ALL directors (names and ac	8. Fist ALL directors (names and addresses). RLCorporations MUST list at least THREE directors. Check the box to indicate an attachment								
Director Name Most Rev. Thomas J. Tobin, Bishop			Director Name Rev. Msgr. Albert A. Kenney						
Street Address One Cathedral Square			Street Address One Cathedral Square						
^{City} Providence	State RI	^{Z'p} 02903	City Providence	State RI	7 ₁₀ 02903				
Director Name Rev. Thomas W	oodhouse/	· ·	Director Name James FitzGerald						
Street Address One Saint Paul Place			Street Address 18 Pitch Pine Place						
City Cranston	State RI	^{Zip} 02905	City South Kingstown	State RI	Zip 02879				
9. The Registered Agent information	n of record with th	e RI Department	of State is accurate. Changes require	e 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 Representative				Date 79 / 73					
Signature of Officer/Authorized Representative MAIL TO: 15/29/23 15/29/23									

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos ri.gov

Division of Business Services 148 W. River Street Providence, RI 02904

FORM 631

ANNUAL REPORT 2023

ATTACHMENT

DIRECTOR NAME

Dennis Duffy 16 Harbour Terrace Cranston, RI 02905

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