



State of Rhode Island
Department of State - Business Services Division

FILED

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.

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BY 3282
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1. Entity ID Number 00030784		2. Exact name of the Corporation Saint Paul's Church of Edgewood			
3. State of Incorporation Rhode Island		5. 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 RI	Zip 02905
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment: <input type="checkbox"/>					
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	Zip 02903
Secretary Name Rev. Thomas Woodhouse			Treasurer Name Rev. Thomas Woodhouse		
Street Address One Saint Paul Place			Street Address One Saint Paul Place		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
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, Bishop			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. Thomas Woodhouse			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 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. Thomas J. Woodhouse					Date 5/29/23
Signature of Officer/Authorized Representative Rev. Thomas J. Woodhouse					

MAIL TO:
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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