



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023  
Non-Profit Corporation

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2023 JUL 26 A 11:17

- Filing period: February 1 - May 1  
→ Filing Fee: \$20.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>000030229</b>		2. Exact name of the Corporation <b>ST KEVIN'S CHURCH CORPORATION, WARWICK</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>CATHOLIC CHURCH</b>			
4. NAICS Code <b>813110</b>					
6. Principal Office Address <b>333 SANDY LANE</b>			City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>MOST REV RICHARD HENNING</b>			Vice-President Name <b>REV MSCR ALBERT KENNEY</b>		
Street Address <b>1 CATHEDRAL SQ</b>			Street Address <b>1 CATHEDRAL SQ</b>		
City <b>PRW</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>PRW</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>REV ROBERT L. MARCIANO</b>			Treasurer Name <b>REV ROBERT L. MARCIANO</b>		
Street Address <b>333 SANDY LANE</b>			Street Address <b>333 SANDY LANE</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02889</b>
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 <b>MOST REV RICHARD HENNING</b>			Director Name <b>REV MSCR ALBERT KENNEY</b>		
Street Address <b>1 CATHEDRAL SQ</b>			Street Address <b>1 CATHEDRAL SQ</b>		
City <b>PRW</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>PRW</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name <b>REV ROBERT L. MARCIANO</b>			Director Name <b>JUDITH O'NEIL, PhD</b>		
Street Address <b>333 SANDY LANE</b>			Street Address <b>22 SURF AVE</b>		
City <b>WARW</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>WARW</b>	State <b>RI</b>	Zip <b>02889</b>
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.					
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 <b>REV ROBERT L. MARCIANO</b>					Date <b>JUL 22/23</b>
Signature of Officer/Authorized Representative <i>Robert Marciano</i>					

FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

JUL 26 2023  
BY ML 12235

FORM 631- Revised 04/2023