

## State of Rhode Island

**Department of State - Business Services Division** 

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV

Annual Report for the year: 2023 **Non-Profit Corporation** 

→ Filing period: February 1 - May 1 → Filing Fee: \$20.00

2023 JUL 26 A II: 17

→ Penalty: Additional \$25.00 fee	if form is not filed b	y May 31.				
1. Entity ID Number		2. Exact name of the Corporation				
0000 3022 9	ST KEVI	ST KEVIN'S CHURCH CORPORATION, WARWICK				
3. State of Incorporation	5. Brief descrip	Brief description of the character of business conducted in Rhode Island				
R1	CAT	CATHOLIC CHURCH				
4. NAICS Code		ou con				
813116						
6. Principal Office Address 333 SANOY LAWE			City WARWICK	State R/	Zip 02.8F9	
7. List ALL officers (names and a	addresses)			heck the box to Indicate a	n attachment	
President Name MOST REV RICHA	RO HENN	ing	Vice-President Name REV MSCR ALBERT KONEY			
Street Address THEORAL SQ			Street Address CATHEDRAL SQ			
City PROT	State (	zibz803	City PRN	State	Zip 2903	
Secretary Name REV ROSENT L. MARCIANO			Treasurer Name REV ROBOT L. MARCIAN O			
Street Address 333 SANDY LANE			333 SANDY LANE			
CITYWARWLCK	State R	528P9	CITYWARNICK	State R/	SP2FF	
8. List ALL directors (names and	addresses). RI Co	prporations MUST lis	st at least THREE directors.	Check the box to indicate a	an attachment	
Director Name MOST REV RICAAD HENNING			PEN MSCRALBERT ICENNEY			
Street Address ATHEORAL SQ			Street Address I EDRAL SQ			
City PROV	State R/	ZiB2 903	City PRN	State R/	82903	
Director Name ROBERT LI MARCIANO			JUDIAH O'NEIL PhD			
Street Address STANDY LANE			Street Address 22 SURF AVE			
City WARW	State R(	Zip olf fy	CITYWARW	State R(	202PF9	
9. The Registered Agent informa						
Under penalty of perjury, I dec statements, and that all staten	lare and affirm th nents contained h	at I have examined erein are true and	I this report, including any correct.	accompanying sched	ules and	
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  REV ROBENT L. MAR CIANO				JUC 27/23		
Signature of Officer/Authorized R	lepresentative		FILED			

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov FORM 631- Revised 04/2023