



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024  
Non-Profit Corporation

FEB 06 2024

1660 2

- 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 <u>000030893</u>		2. Exact name of the Corporation <u>SS. John and Paul Parish Corp., COVENTRY</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>Roman Catholic Church</u>	
4. NAICS Code <u>813110</u>			
6. Principal Office Address <u>341 South Main St.</u>		City <u>COVENTRY</u>	State <u>RI</u> Zip <u>02816</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>MOST Rev. Richard Henning</u>		Vice-President Name <u>Rev. Msgr. Albert A. Kenney</u>	
Street Address <u>One Cathedral Sq</u>		Street Address <u>One Cathedral Sq</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02903</u>
Secretary Name <u>Mauraen Jenczyk</u>		Treasurer Name <u>Rev. Michael J. Woolley</u>	
Street Address <u>26 Robbins Dr</u>		Street Address <u>341 South Main St.</u>	
City <u>COVENTRY</u>	State <u>RI</u>	City <u>COVENTRY</u>	State <u>RI</u> Zip <u>02816</u>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>			
Director Name <u>Rev. Michael J. Woolley</u>		Director Name <u>MOST Rev. Richard Henning</u>	
Street Address <u>341 South Main St.</u>		Street Address <u>One Cathedral Sq</u>	
City <u>COVENTRY</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02903</u>
Director Name <u>Rev. Msgr. Albert Kenney</u>		Director Name <u>Mauraen Jenczyk</u>	
Street Address <u>One Cathedral Sq</u>		Street Address <u>26 Robbins Dr</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>COVENTRY</u>	State <u>RI</u> Zip <u>02816</u>
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 <u>Rev. Michael J. Woolley</u>			Date <u>1/30/24</u>
Signature of Officer/Authorized Representative <u>Rev. Michael J. Woolley</u>			

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

Richard Irving

17 Walker Ln.

Coventry, RI 02816