



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 07 2024

EX: *[Handwritten signature]*

Annual Report for the year: **2024**

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.

1. Entity ID Number 0000101034		2. Exact name of the Corporation All Saints Catholic Community			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island non-profit, religious, charitable			
4. NAICS Code 813110					
6. Principal Office Address 1200 Mendon Road			City Woonsocket	State RI	Zip 02895
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Most Rev. Richard G. Henning			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. Ryan J. Krocka-Simas			Treasurer Name Rev. Ryan J. Krocka-Simas		
Street Address 1200 Mendon Road			Street Address 1200 Mendon Road		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name Most Rev. Richard G. Henney			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 02895
Director Name Rev. Ryan J. Krocka-Simas			Director Name Julien P. Ayotte		
Street Address 1200 Mendon Road			Street Address 107 Old River Road Unit 88		
City Woonsocket	State RI	Zip 02895	City Lincoln	State RI	Zip 02865
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Rev. Ryan J. Krocka-Simas				Date 02/06/2024	
Signature of Officer/Authorized Representative <i>Rev. Ryan J. Krocka-Simas</i>					

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

0000101034 All Saints Catholic Community

ADDITIONAL DIRECTOR

Edwin Burke

52 Hillsdale Street

Woonsocket, RI 02895

FILED

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E: 212558

A handwritten signature in black ink, appearing to be 'Edwin Burke', written over a horizontal line. The signature is stylized and cursive.