



State of Rhode Island
Department of State - Business Services Division

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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 000026789		2. Exact name of the Corporation Our Lady of Good Help and St. Theresa Shrine			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious Charitable Organization			
4. NAICS Code 813110 Religious Org.					
6. Principal Office Address 35 Dion Drive		City Harrisville,		State RI	Zip 02830
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Most Rev. Richard 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. Jose Parathanal, CMI			Treasurer Name Rev. Jose Parathanal, CMI		
Street Address 35 Dion Drive			Street Address 35 Dion Drive		
City Harrisville,	State RI	Zip 02830	City Harrisville,	State RI	Zip 02830
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Most Rev. Richard Henning			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. Jose Parathanal, CMI			Director Name Michael Cosetta		
Street Address 35 Dion Drive			Street Address 380 Cooper Hill Road		
City Harrisville,	State RI	Zip 02830	City Mapleville,	State RI	Zip 02839
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 Rev. Jose Parathanal, CMI					Date 02/5/2024
Signature of Officer/Authorized Representative 					

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

FILED

FEB 08 2024
BY ML 5444

FORM 631- Revised: 04/2021