



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 20 2024

BY *[Signature]* 10023

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 000029071		2. Exact name of the Corporation CHURCH OF LADY OF FATIMA, VALLEY FALLS			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Catholic Church			
4. NAICS Code 813110					
6. Principal Office Address 1 Fatima Drive		City CUMBERLAND		State RI	Zip 02864
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Most Rev. Richard G. Henning		Vice-President Name Rev. MSGR Albert A. Kenny			
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. Fernando A. Cabral		Treasurer Name Rev. Fernando A. Cabral			
Street Address 1 Fatima Drive		Street Address 1 Fatima Drive			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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 G. Henning		Director Name Rev. MSGR Albert A. Kenny			
Street Address One Cathedral Square		Street Address One Cathedral Square			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Maria Caetano		Director Name Rev. Fernando A. Cabral			
Street Address 28 Castline Street		Street Address 1 Fatima Drive			
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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. Fernando A. Cabral					Date 2-14-24
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised 12/2023