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State of Rhode Island
Department of State - Business Services Division

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	2. Exact name of the Corporation
000482951	Saint Kateri Tekakwitha Catholic Community
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Church
4. NAICS Code: Religous 813110 Organization	

6. Principal Office Address	City	State	Zip
84 Exeter Road	Exeter	RI	02822

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Most Rev. Richard G. Henning	Rev Msgr. Albert A. Kenney
Street Address: One Cathedral Square	Street Address: One Cathedral Square
City: Providence State: RI Zip: 02822	City: Providence State: RI Zip: 02822
Secretary Name: Rev Msgr Gerard Sabourin	Treasurer Name: Rev Msgr Gerard O. Sabourin
Street Address: 84 Exeter Road	Street Address: 84 Exeter Road
City: Exeter State: RI Zip: 02822	City: Exeter State: RI Zip: 02822

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Most Rev Richard G Henning	Timothy Kocal
Street Address: One Cathedral Square	Street Address: 11 Scalom Trail
City: Providence State: RI Zip: 02822	City: Exeter State: RI Zip: 02822
Director Name: Rev. Albert A. Kenney	Director Name
Street Address: One Cathedral Square	Street Address
City: Providence State: RI Zip: 02822	City State Zip

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	Date
Gerard Sabourin	

Signature of Officer/Authorized Representative: Gerard Sabourin

FILED

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

FEB 22 2024
BY BTSGR

FORM 631- Revised: 04/2023