RI SOS Filing Number: 202447170320 Date: 2/23/2024 4:00:00 PM

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State of Rhode Island Department of State - Business Services Division

Annual Report for th	_{e year:} 2024
Non-Profit Corporati	on —

- → 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						
000030865	Saint Thomas the Apostle Church Corporation of Warren						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Religious						
4. NAICS Code							
813110							
6. Principal Office Address			City	State	Zip		
500 Metacom Avenue	Metacom Avenue			RI	02885		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Most Reverend Richard G. Henning			Vice-President Name Rev. Msgr. Albert A. Kenney				
Street Address One Cathedral Square		Street Address One Cathedral Square					
^{C-ty} Providence	State RI	^{Zip} 02903	^{City} Providence	State RI	^{Z₁₀} 02903		
Secretary Name Rev. John E. A	Name Rev. John E. Abreu Treasurer Name		Treasurer Name Rev. John E. A	Nbreu			
Street Address 500 Metacom Avenue		Street Address 500 Metacom Avenue					
^{City} Warren	State RI	^{Zip} 02885	^{City} Warren	State RI	Zip 02885		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Rev. John E. Abreu			Director Name Edward Wujcik				
Street Address 500 Metacom Avenue			Street Address 42 West Street				
^{City} Warren	State RI	^{Zip} 02885	City Warren	State RI	Zip 02885		
Director Name Manuel Rodrigues		Director Name					
Street Address 112 Anthony Street		Street Address					
^{C:ty} Seekonk	State MA	^{∠ip} 02771	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, Treesurer, duty Authorized Representative, Receiver or Trustee							
Name of Officer/Authorized Representative Date							
Rev. John E. Abreu				02/20/2024			
Signature of Officer/Authorized Hepresentative							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov