



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.

FEB 26 2024

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Rhode Island

1. Entity ID Number 30353		2. Exact name of the Corporation St. Mary's Church Corporation, Carolina, RI			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious organization Catholic Church			
4. NAICS Code 813110 Re. Organization					
6. Principal Office Address 437 Carolina Back Rd		City Carolina		State RI	Zip 02812
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Most Reverend 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 Fr. Paul Desmarais			Treasurer Name Fr. Paul Desmarais		
Street Address 437 Carolina Back Rd			Street Address 437 Carolina Back Rd		
City Carolina	State RI	Zip 02812	City Carolina	State RI	Zip 02812
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 Fr. Paul Desmarais			Director Name Ellen Cassin		
Street Address 437 Carolina Back Rd.			Street Address 8 Teal Rd.		
City Carolina	State RI	Zip 02812	City Wakefield	State RI	Zip 02879
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. Paul Desmarais				Date 2/14/2024	
Signature of Officer/Authorized Representative 					

MAIL TO:
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