RI SOS Filing Number: 202450529870 Date: 4/9/2024 4:00:00 PM



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

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→ Penalty. Additional \$25.00 fee if	form is not filed by	May 31.	4			
1 Entity ID Number	2 Exact name of the Corporation					
141160	Christ the Redeemer Academy					
3 State of Incorporation	5 Brief description of the character of business conducted in Rhode Island					
Rhode Island	Religious, charitable and educational activities.					
4 NAICS Code	1					
813110	<u>L</u> .					
6. Principal Office Address			City	State	Zıp	
One Cathedral Square			Providence	RI	02903	
7. List ALL officers (names and add		•••	Check the box to indicate an attachment			
President Name Most Rev. Richard G. Henning			Vice-President Name Rev. Msgr. Albert A. Kenney			
Street Address One Cathedral Square			Street Address One Cathedral Square			
^{City} Providence	State RI	^{Z_{IP}} 02903	City Providence	State RI	^{Zip} 02903	
Secretary Name Rev. Timothy D. Reilly			Treasurer Name Most Rev. Richard G. Henning			
Street Address One Cathedral Square			Street Address One Cathedral Square			
^{City} Providence	State RI	^{Z₁p} 02903	City Providence	State RI	^{Z_{ip}} 02903	
8. List ALL directors (names and ad	dresses). RI Corp	porations MUST I		he box to indicate a	n attachment	
Director Name Most Rev. Richard G. 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	Z _{IP} 02903	
Director Name Rev. Timothy D. Reilly			Director Name			
Street Address One Cathedral Square			Street Address			
^{City} Providence	State RI	^{Z₁p} 02903	City	State	Zip	
9. The Registered Agent information	n of record with th	e RI Department	of State is accurate. Changes requi	re filing Form 641		
Under penalty of perjury, I declar statements, and that all statemen			d this report, including any accon I correct.	npanying schedu	les and	
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. Timothy D. Reilly, Secretary						
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

FORM 631- Revised: 12/2023