RI SOS Filing Number: 202450528170 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			)0S BSD 12:01:03		
→ Filing period: February 1 - May 1 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if i	form is not filed by	May 31	و		
1 Entity ID Number	2. Exact name of				
29096	Church of Our Lady of Mount Carmel, Providence				
3 State of Incorporation Rhode Island	5 Brief description of the character of business conducted in Rhode Island Religious, charitable and educational activities.				
4 NAICS Code 813110					
6. Principal Office Address			City	State	Zip
One Cathedral Square			Providence	RI	02903
7. List ALL officers (names and addresses)  Check the box to indicate an attachmen					
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	<sup>Zip</sup> 02903	<sup>City</sup> Providence	State RI	<sup>Z<sub>ip</sub></sup> 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	<sup>Zıp</sup> 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and ac	ddresses). RI Corp	porations MUST II		e box to indicate an	attachment 7
Director Name Most Rev. Richard G. Henning			Director Name Rev. Msgr. Albert A. Kenney		
Street Address One Cathedral Square			Street Address One Cathedral Square		
<sup>City</sup> Providence	State RI	<sup>Z<sub>IP</sub></sup> 02903	<sup>City</sup> Providence	State RI	Zip 02903
Director Name Rev. Timothy D. Reilly			Director Name Velia Lisi		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	<sup>Zip</sup> 02903	<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02903
9. The Registered Agent informatio	n of record with th	e RI Department	of State is accurate. Changes requir	e filing Form 641.	
Under penalty of perjury, I declar statements, and that all statemen			d this report, including any accom I correct.	panying schedul	es and
This report must be signed by either the Pres	sident, Vice-President, S	Secretary, Assistant Se	ecretary, Treasurer, duly Authorized Representa	tive, Receiver or Trust	Te
Name of Officer/Authorized Representative  Rev. Timothy D. Reilly, Secretary				Date	24
Signature of Officer/Authorized Rep	resentative	Z(V)		7	1

Division of Business Services

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

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

## ADDITIONAL DIRECTOR:

Paula Mollo One Cathedral Square Providence, RI 02903