RI SOS Filing Number: 202450530010 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
- → Filing Fee: \$20.00

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→ Penalty Additional \$25 00 fee if	,		·	_		
96222	2 Exact name of the Corporation Diocesan School Financial Services					
3 State of Incorporation	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Religious, charitable and educational activities.					
4. NAICS Code	1					
813110						
6. Principal Office Address			City	State	Zip	
One Cathedral Square			Providence	RI	02903	
7. List ALL officers (names and add		 ·		box to indicate an at		
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	^{Zip} 02903	^{City} Providence	State RI	^{Zip} 02903	
Secretary Name Rev. Timothy I	D. Reilly		Treasurer Name Most Rev. Richard G. Henning			
Street Address One Cathedral Square			Street Address One Cathedral Square			
^{City} Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02903	
8. List ALL directors (names and ac	ddresses). RI Corp	oorations MUST lis		e box to indicate an a	nttachment	
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	Zip 02903	
Director Name Rev. Timothy D. Reilly			Director Name Dr. James Power			
Street Address One Cathedral Square			Street Address One Cathedral Square			
Street Address One Cathedral	Square		Street Address One Cathedral	Square		
Street Address One Cathedral City Providence	Square State RI	^{Zip} 02903	Street Address One Cathedral City Providence	Square State RI	Zip 02903	
^{City} Providence	State RI	<u> </u>	 	State RI	Zip 02903	
City Providence 9. The Registered Agent information	State RI on of record with the	e RI Department of I have examined	City Providence of State is accurate. Changes require It this report, including any accomp	State RI filing Form 641.		
City Providence 9. The Registered Agent information Under penalty of perjury, I declar statements, and that all statements	State RI on of record with the re and affirm that note that the contained here.	I e RI Department of I have examined rein are true and	City Providence of State is accurate. Changes require It this report, including any accomp	State RI filing Form 641. panying schedule	s and	
City Providence 9. The Registered Agent information Under penalty of perjury, I declar statements, and that all statement This report must be signed by either the Presidence Name of Officer/Authorized Represident	State RI on of record with the re and affirm that ints contained helpsident, Vice-President, Scentative	I e RI Department of I have examined rein are true and Secretary, Assistant Secretary, Assist	City Providence of State is accurate. Changes require this report, including any accompanded.	State RI filing Form 641. panying schedule	s and	
City Providence 9. The Registered Agent information Under penalty of perjury, I declar statements, and that all statement This report must be signed by either the Press Name of Officer/Authorized Repress Rey-Timothy D. Reijl	State RI on of record with the re and affirm that nts contained help sident, Vice-President, Sentative y, Secretar	I e RI Department of I have examined rein are true and Secretary, Assistant Secretary, Assist	City Providence of State is accurate. Changes require this report, including any accompanded.	State RI filing Form 641. panying schedule	s and	
City Providence 9. The Registered Agent information Under penalty of perjury, I declar statements, and that all statement This report must be signed by either the Presidence Name of Officer/Authorized Represident	State RI on of record with the re and affirm that nts contained help sident, Vice-President, Sentative y, Secretar	I e RI Department of I have examined rein are true and Secretary, Assistant Secretary, Assist	City Providence of State is accurate. Changes require this report, including any accompanded.	State RI filing Form 641. panying schedule	s and	

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

Phone: (401) 222-3040 Website: www.sos.n.gov BY ML 75834

ADDITIONAL OFFICER:

Assistant Treasurer

Dr. James Power One Cathedral Square Providence, RI 02903