



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.

REC'D RIDOS BSD
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1. Entity ID Number 000030247		2. Exact name of the Corporation Saint Luke's Parish Diocese of R.I.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious Organization			
4. NAICS Code 813110					
6. Principal Office Address 9 Tucker Lane		City Lincoln		State RI	Zip 02865
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Samuel Dorbor			Vice-President Name Robert Knych		
Street Address 38 Thomas Avenue			Street Address 10 Ballou Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Dale Tregaskis			Treasurer Name Barbara Stevenson		
Street Address 19 Owen Avenue			Street Address 9 Tucker Lane		
City Pawtucket	State RI	Zip 02860	City Lincoln	State RI	Zip 02865
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jennifer Landry			Director Name William Rapp		
Street Address 54 Sumach Avenue			Street Address 164 Clews Street		
City East Providence	State RI	Zip 02915	City Pawtucket	State RI	Zip 02861
Director Name Rita Ruest			Director Name Barbara Ladd		
Street Address 19 Own Avenue			Street Address 215 Morris Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Barbara Stevenson				Date April 17, 2024	
Signature of Officer/Authorized Representative <i>Barbara Stevenson</i>				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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BY ML 21538