

## State of Rhode Island Department of State - Business Services Division

**FILED** 

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.		(	<u>/                                    </u>
1. Entity ID Number 000029374	2. Exact name of the Corporation Saint Elizabeth's Church of Bristol				
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 - Religious Org.					
6. Principal Office Address 577 Wood Street			City Bristol	State RI	Zip 02809
7. List ALL officers (names and add	Iresses)	Check the box to indicate an attachment			
President Name MOST REV. RICHARD G. HENNING			Vice-President Name REV. MSGR. ALBERT A. KENNE		
Street Address ONE CATHEDRAL SQUARE			Street Address ONE CATHEDRAL SQUARE		
City PROVIDENCE	State RI	<sup>Zip</sup> 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name REV. VANDER S. MARTINS			Treasurer Name REV. VANDER S. MARTINS		
Street Address 577 WOOD STREET			Street Address 577 WOOD STREET		
City BRISTOL	State RI	<sup>Zip</sup> 02809	City BRISTOL	State RI	7i2809
8. List ALL directors (names and ac	idresses). RI Corp	orations MUST lis		e box to indicate an	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	<sup>Zip</sup> 02903	City PROVIDENCE	State RI	∂2903
Director Name REV. VANDER S. MARTINS			Director Name RAYMOND CORDEIRO		
Street Address 577 WOOD STREET			Street Address 73 FRANKLIN STREET		
City BRISTOL	State RI	<sup>Zip</sup> 02809	City BRISTOL	State RI	Zip 02809
9. The Registered Agent informatio	n of record with th	e RI Department	of State is accurate. Changes require	filing Form 641.	
Under penalty of perjury, I declar statements, and that all statemen			f this report, including any accomp correct.	oanying schedul	es and
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative REV. VANDER S. MARTINS				Date 4-16-	2024
Signature of Officer/Authorized Rep	resentative			<u> </u>	

MAIL TO:

Division of Business Services

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

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