RI SOS Filing Number: 202454055410 Date: 4/29/2024 4:00:00 PM

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BY

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.

1. Entity ID Number	2. Exact name of the Corporation
30822	St. Peter's Church, Warwick, Rhode Island
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Roman Catholic Church/Parish
4. NAICS Code: 813110 - Religious Orgar	

6. Principal Office Address	City	State	Zip
350 Fair Street	Warwick	RI	02888

7. List ALL officers (names and addresses) — 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	Zip: 02903	City: Providence	State: RI	Zip: 02903
Secretary Name: Stephen Isherwood, Trustee			Treasurer Name: Reverend Roger C. Gagne', Pastor		
Street Address: 339 Fair Street			Street Address: 350 Fair Street		
City: Warwick	State: RI	Zip: 02888	City: Warwick	State: RI	Zip: 02888

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Most Rev. Richard G. Henning			Director Name: Reverend Roger C. Gagne', Pastor		
Street Address: One Cathedral Square			Street Address: 350 Fair Street		
City: Providence	State: RI	Zip: 02903	City: Warwick	State: RI	Zip: 02888
Director Name: Stephen Isherwood, Trustee			Director Name: Kathleen Bowling, Trustee		
Street Address: 339 Fair Street			Street Address: 107 Squantum Drive		
City: Warwick	State: RI	Zip: 02888	City: Warwick	State: RI	Zip: 02888

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.

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	Date
Reverend Roger C. Gagne', Pastor	**04-25-2024**

Signature of Officer/Authorized Representative: Rev. C. Gagne'

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