



State of Rhode Island
Department of State - Business Services Division

FILED

MAY 23 2024

BY *[Handwritten Signature]*

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 000026771		2. Exact name of the Corporation IMMACULATE CONCEPTION CHURCH CORP., CRANSTON			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island ROMAN CATHOLIC CHURCH AND SCHOOL			
4 NAICS Code 813110					
6 Principal Office Address 237 GARDEN HILLS DR			City CRANSTON	State RI	Zip 02920
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MOST REV. RICHARD HENNING			Vice-President Name REV. MSGR. ALBERT KENNEY		
Street Address ONE CATHEDRAL SQUARE			Street Address ONE CATHEDRAL SQUARE		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02920
Secretary Name JAMES SOUZA			Treasurer Name REV. EDWARD J. WILSON, JR.		
Street Address 121 WALKER ST			Street Address 237 GARDEN HILLS DR		
City SEEKONK	State MA	Zip 02771	City CRANSTON	State RI	Zip 02920
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 MOST REV. RICHARD HENNING			Director Name REV. MSGR. ALBERT KENNEY		
Street Address ONE CATHEDRAL SQUARE			Street Address ONE CATHEDRAL SQUARE		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02920
Director Name REV. EDWARD J. WILSON, JR.			Director Name MR. JAMES SOUZA		
Street Address 237 GARDEN HILLS DR			Street Address 121 WALKER ST		
City CRANSTON	State RI	Zip 02920	City SEEKONK	State MA	Zip 02771
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 REV. EDWARD J. WILSON, JR.					Date 5/20/2024
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>					

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