RI SOS Filing Number: 202454506750 Date: 5/3/2024 4:00:00 PM

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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 it	form is not filed by	May 31.					
1. Enuty ID Number 000028987	2 Exact name of the Corporation Church of the Holy Name of Jesus at Providence, Rhode Island						
State of Incorporation RI	Brief description of the character of business conducted in Rhode Island Roman Catholic Church						
4. NAICS Code 813110							
6 Principal Office Address 99 Camp Street			Cily Providence	State RI	Z _{ip} 02906		
7. List ALL officers (names and addresses) Check the box to indicate an attachmo							
President Name Most Rev. Rich		Vice-President Name Rev. Msgr. Albert A. Kenney					
Street Address One Cathedrea		Street Addross One Cathedral Square					
^{Crity} Providence	State RI	^{Zφ} 02903	City Providence	State RI	Zip 02903		
Secretary Name Mark Berardo		Treasurer Name Rev. Lazarus Onuh					
Street Address 131 Woody Hill	Road	Street Address 99 Camp St					
^{City} Westerly	State RI	^{Zip} 02808	^{City} Providence	State RI	02906		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment							
Orrector Name Most Rev. Richa	ırd G. Hennin	Director Name Rev. Msgr. Albert A. Kenney					
Street Address One Cathedral	Square	Street Address One Cathedral Square					
^{City} Providence	State RI	^{ζφ} 02903	^{Cily} Providence	State RI	Zp 02903		
Director Name Rev. Lazarus O	nuh	Director Name Mark Berardo					
Street Address 99 Camp St.		Street Address 131 Woody Hill Road					
City Providence	State RI	^{Zip} 02906	City Westerly	State RI	^{Z₀} 02808		
9. The Registered Agent information	n of record with th	e RI Department o	of State is accurate. Changes require	filing Form 641.			
Under penalty of perjury, I declar statements, and that all statemen			this report, including any accomp	anying schedule	s and		
This report must be signed by either the Pres	udent Vice-President S	Secretary, Assistant Suc	zelary, Troosurcr, duly Authunzod Representat	ive, Receiver or Truster	,		
Name of Officer/Authorized Representative D					Date		
Rev. Lazarus Onuh		4/24/24					
Signature of Officer/Authorized Representative							

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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

Entity ID #000028987

Church of the Holy Name of Jesus at Providence, Rhode Island

DIRECTOR:

Nkolika Onye

74 Pearson St.

Pawtucket, RI 02893