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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 if form is not filed by May 31.

1. Entity ID Number: 000030229	2. Exact name of the Corporation: ST KEVIN CHURCH CORPORATION
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: CATHOLIC CHURCH
4. NAICS Code: 813110	

6. Principal Office Address: 333 SANDY LANE	City: WARWICK	State: RI	Zip: 02889

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: MOST REV RICHARD HENNING			Vice-President Name: MSGR ALBERT KENNEY				
Street Address: 1 CATHEDRAL SQ			Street Address: 1 CATHEDRAL SQ				
City: PROV	State: RI	Zip: 02903	City: PROV	State: RI	Zip: 02903		
Secretary Name: REV ROBERT L. MARCIANO			Treasurer Name: REV ROBERT L. MARCIANO				
Street Address: 333 SANDY LANE			Street Address: 333 SANDY LANE				
City: WARWICK	State: RI	Zip: 02889	City: WARWICK	State: RI	Zip: 02889		

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 HENNING			Director Name: MSGR ALBERT KENNEY				
Street Address: 1 CATHEDRAL SQ			Street Address: 1 CATHEDRAL SQ				
City: PROV	State: RI	Zip: 02903	City: PROV	State: RI	Zip: 02903		
Director Name: REV ROBERT L. MARCIANO			Director Name: JUDITH O'NEIL, PHD				
Street Address: 333 SANDY LANE			Street Address: 22 SURF AVE				
City: WARWICK	State: RI	Zip: 02889	City: WARWICK	State: RI	Zip: 02889		

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: REV ROBERT L. MARCIANO — Date: JUN 27/24

Signature of Officer/Authorized Representative: Robert L Marciano

FILED
JUN 27 2024
BY

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: 04/2023