



State of Rhode Island  
Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV.

Annual Report for the year: **2024-AMENDED**

Non-Profit Corporation

2024 JUN 27 PM 1:46

→ 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 <b>000026467</b>		2. Exact name of the Corporation <b>Holy Ghost Brotherhood of Charity</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <i>charity and fundraising organization</i>			
4. NAICS Code <b>813110</b>		RI DOS MADE NON-SUBSTANTIVE EDITS			
6. Principal Office Address <b>59 Bightridge Avenue</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Joe Eugenio</b>			Vice-President Name <b>Kyle Senra</b>		
Street Address <b>257 Aquidneck Street</b>			Street Address <b>29 Bowers Street</b>		
City <b>New Bedford</b>	State <b>MA</b>	Zip <b>02744</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Secretary Name <b>Rosa Healy</b>			Treasurer Name <b>Receiver-Maria H Tashdjian</b>		
Street Address <b>368 Juniper Street</b>			Street Address <b>73 Crown Avenue</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Matthew Oliveira</b>			Director Name <b>Jose F Garcia</b>		
Street Address <b>77 Lakeside Street</b>			Street Address <b>33 Bliss Street</b>		
City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
Director Name <b>Harrison Ingham</b>			Director Name		
Street Address <b>21 Lakeside Avenue</b>			Street Address		
City <b>N Dartmouth</b>	State <b>MA</b>	Zip <b>02747</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Maria H Tashdjian</b>				Date <b>6/10/24</b>	
Signature of Officer/Authorized Representative <i>Maria H Tashdjian</i>					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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JUN 27 2024

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BY *[Signature]*



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 27, 2024 01:46 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of each word being capitalized.

Gregg M. Amore  
*Secretary of State*

