



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 1:45

→ 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 000026467		2. Exact name of the Corporation Holy Ghost Brotherhood of Charity			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island charity and fundraising organization RI DOS MADE NON-SUBSTANTIVE EDITS			
4. NAICS Code 813110					
6. Principal Office Address 59 Brightbridge Avenue		City East Providence		State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joe Eugenio			Vice-President Name Kyle Senra		
Street Address 257 Aquidneck Street			Street Address 29 Bowers Street		
City New Bedford	State MA	Zip 02744	City Pawtucket	State RI	Zip 02860
Secretary Name Rosa Healy			Treasurer Name Receiver-Maria H Tashdjian		
Street Address 368 Juniper Street			Street Address 73 Crown Avenue		
City East Providence	State RI	Zip 02914	City Riverside	State RI	Zip 02915
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 Matthew Oliveira			Director Name Jose F Garcia		
Street Address 77 Lakeside Street			Street Address 33 Bliss Street		
City Riverside	State RI	Zip 02915	City East Providence	State RI	Zip 02914
Director Name Harrison Ingham			Director Name		
Street Address 21 Lakeside Avenue			Street Address		
City N Dartmouth	State MA	Zip 02747	City	State	Zip
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 Maria H Tashdjian				Date 6/10/24	
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.ri.gov

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BY

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