



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.

Filed  
3/21/24  
check # 1640

1. Entity ID Number 000112842		2. Exact name of the Corporation Mandamiento Nuevo Corporation			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Promoting, sponsoring, constructing, rehabilitation and renovating low and moderate income, elderly and assisted living housing in Rhode Island			
4. NAICS Code 624120					
6. Principal Office Address One Cathedral Square c/o Diocese of Providence			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Reverend Monsignor Paul D. Theroux			Vice-President Name		
Street Address 800 Pippin Orchard Road			Street Address		
City Cranston	State RI	Zip 02921	City	State	Zip
Secretary Name John J. Barry III			Treasurer Name Michael F. Sabatino		
Street Address Diocese of Prov., One Cathedral Sq.			Street Address Diocese of Prov., One Cathedral Sq.		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Michael F. Sabatino			Director Name Rev. Monsignor Paul D. Theroux		
Street Address Diocese of Prov., One Cathedral Sq.			Street Address 800 Pippin Orchard Road		
City Providence	State RI	Zip 02903	City Cranston	State RI	Zip 02921
Director Name Rev. Dennis A. Reardon			Director Name John J. Barry III		
Street Address 124 Frigate Street			Street Address Diocese of Prov., One Cathedral Sq.		
City Jamestown	State RI	Zip 012835	City Providence	State RI	Zip 02903
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 Michael F. Sabatino					Date 3/1/24
Signature of Officer/Authorized Representative 					

MAIL TO:  
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