



State of Rhode Island
Department of State - Business Services Division

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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 000033413		2. Exact name of the Corporation SS. PETER AND PAUL'S CHURCH, PROVIDENCE, RHODE ISLAND			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island MINISTRY TO CATHOLICS IN THE CITY OF PROVIDENCE, RHODE ISLAND			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 30 FENNER STREET		City PROVIDENCE	State RI	Zip 02903	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name MOST REV RICHARD G. HENNING		Vice-President Name REV. MSGR. ALBERT A. KENNEY			
Street Address ONE CATHEDRAL SQUARE		Street Address ONE CATHEDRAL SQUARE			
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name REV. MSGR. ANTHONY MANCINI		Treasurer Name			
Street Address ONE CATHEDRAL SQUARE		Street Address			
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
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 MOST REV RICHARD G. HENNING		Director Name REV. MSGR. ALBERT A. KENNEY			
Street Address ONE CATHEDRAL SQUARE		Street Address ONE CATHEDRAL SQUARE			
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Director Name REV. MSGR. ANTHONY MANCINI		Director Name JOHN TAPIS			
Street Address ONE CATHEDRAL SQUARE		Street Address P.O. BOX 9122			
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02904
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative REV. MSGR. ANTHONY MANCINI				Date 10/4/2024	
Signature of Officer/Authorized Representative <i>Rev. Msgr. Kenney</i>				Date OCT 04 2024 BY <i>VK2R3</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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