RI SOS Filing Number: 202563109660 Date: 1/23/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
JAN 23 2025
BY

Annual Report for the year: 2025
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	2. Exact name of the Corporation
000030769	St. Patrick's Church, Burrillville, RI
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Religious non-profit corporation
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
45 Harrisville Main St.	Harrisville	Ri	02830

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

President Name: Rev. Msgr. Albert A. Kenney			Vice-President Name: Rev. Jose Parathanal CMI		
Street Address: One Cathedral Square			Street Address: 45 Harrisville Main St.		
City: Providence	State: RI	Zip: 02903	City: Harrisville	State: RI	Zip: 02830
Secretary Name: Rev. Jose Parathanal, CMI			Treasurer Name: Rev. Jose Parathanal, CMI		
Street Address: 45 Harrisville Main St.			Street Address: 45 Harrisville Main St.		
City: Harrisville	State: RI	Zip: 02830	City: Harrisville	State: RI	Zip: 02830

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: Rev. Msgr. Albert A. Kenney			Director Name: Rev. Jose Parathanal, CMI		
Street Address: One Cathedral Square			Street Address: 45 Harrisville Main St.		
City: Providence	State: RI	Zip: 02903	City: Harrisville	State: RI	Zip: 02830
Director Name: Roger Johnson			Director Name: George Lough		
Street Address: 1045 Sherman Farm Road			Street Address: 175 Smith Road		
City: Harrisville	State: RI	Zip: 02830	City: Harrisville	State: RI	Zip: 02830

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	Date
Rev. Jose Parathanal, CMI	**1/17/2025**

Signature of Officer/Authorized Representative: JosePJ

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: 12/2023