



State of Rhode Island  
Department of State - Business Services Division

FILED

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 1.

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BY 12463  
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RI DOS MADE EDITS PER FILER

1. Entity ID Number <b>000029086</b>	2. Exact name of the Corporation <b>CHURCH OF OUR LADY OF LORETO, East Providence</b>
3. State of Incorporation <b>RHODE ISLAND</b>	5. Brief description of the character of business conducted in Rhode Island <b>ROMAN CATHOLIC CHURCH</b>
4. NAICS Code <b>813110</b>	

6. Principal Office Address <b>346 WATERMAN AVENUE</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
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7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
President Name <b>REV. MSGR. ALBERT A. KENNEY</b>			Vice-President Name		
Street Address <b>ONE CATHEDRAL SQUARE</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
Secretary Name <b>REV. MARIA JULIAN BERNAD</b>			Treasurer Name <b>REV. MARIA JULIAN BERNAD</b>		
Street Address <b>346 WATERMAN AVENUE</b>			Street Address <b>346 WATERMAN AVENUE</b>		
City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</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>REV. MSGR. ALBERT A. KENNEY</b>			Director Name <b>REV. MARIA JULIAN BERNAD</b>		
Street Address <b>ONE CATHEDRAL SQUARE</b>			Street Address <b>346 WATERMAN AVENUE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
Director Name <b>STEPHEN CAPINERI</b>			Director Name <b>JOSEPH E. DEANDRADE</b>		
Street Address <b>6 SUTCLIFFE CIRCLE</b>			Street Address <b>173 WATERMAN AVENUE</b>		
City <b>RUMFORD</b>	State <b>RI</b>	Zip <b>02916</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>

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 <b>REV. MARIA JULIAN BERNAD</b>	Date <b>01-22-2025</b>
Signature of Officer/Authorized Representative 	

MAIL TO:  
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