



State of Rhode Island
Department of State - Business Services Division

FILED**STAMP**
FEB 17 2025**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.

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|--|-------------|--|---|-------------|----------------------|
| 1. Entity ID Number 29129 | | 2. Exact name of the Corporation Church of Our Lady of the Rosary | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island Providing services and assistance to the Portuguese Immigrant Community | | | |
| 4. NAICS Code 813110 | | | | | |
| 6. Principal Office Address 463 Benefit 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 REV. MSGR. ALBERT A. KENNEY | | | Vice-President Name LEAVE BLANK/VACANT | | |
| Street Address ONE CATHEDRAL SQUARE | | | Street Address | | |
| City PROVIDENCE | State RI | Zip 02903 | City | State | Zip |
| Secretary Name REV. JOSEPH A. ESCOBAR | | | Treasurer Name REV. JOSEPH A. ESCOBAR | | |
| Street Address 463 BENEFIT STREET | | | Street Address 463 BENEFIT STREET | | |
| 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. Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name REV. MSGR. ALBERT A. KENNEY | | | Director Name REV. JOSEPH A. ESCOBAR | | |
| Street Address ONE CATHEDRAL SQUARE | | | Street Address 463 BENEFIT STREET | | |
| City PROVIDENCE | State RI | Zip 02903 | City PROVIDENCE | State RI | Zip 02903 |
| Director Name MR. ISIDRO CABRAL | | | Director Name MR. RAMIRO MENDES | | |
| Street Address 3 BETSY DRIVE | | | Street Address 23 JOSEPHINE AVENUE | | |
| City BRISTOL | State RI | Zip 02809 | City RUMFORD | State RI | Zip 02916 |
| 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. Joseph A. Escobar | | | | | Date 11 Feb. 2025 |
| Signature of Officer/Authorized Representative Rev. Joseph A. Escobar | | | | | |

MAIL TO:

Division of Business Services

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