



State of Rhode Island  
Department of State - Business Services Division

FILED

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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.

BY

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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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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 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.					
<b>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.</b>					
<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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