



State of Rhode Island  
Department of State - Business Services Division

FIELD

FEB 18 2025

BY 91002 *rc*

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 000030353		2. Exact name of the Corporation Saint Mary's Church Corporation, Carolina, RI			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island  Religious Organization - Catholic Church			
4. NAICS Code 813110					
6. Principal Office Address 437 Carolina Back Road			City Carolina	State RI	Zip 02812
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 Vacant		
Street Address One Cathedral Square			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Fr. Paul Desmarais			Treasurer Name Fr. Paul Desmarais		
Street Address 437 Carolina Back Road			Street Address 437 Carolina Back Road		
City Carolina	State RI	Zip 02812	City Carolina	State RI	Zip 02812
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 Fr. Paul Desmarais		
Street Address One Cathedral Square			Street Address 437 Carolina Back Road		
City Providence	State RI	Zip 02903	City Carolina	State RI	Zip 02812
Director Name Ellen Cassin			Director Name Katherine Canning		
Street Address 8 Teal Road			Street Address 80 Columbia Heights Road		
City Wakefield	State RI	Zip 02879	City Charlestown	State RI	Zip 02813
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>					
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 Rev. Paul Desmarais					Date 2/14/2025
Signature of Officer/Authorized Representative <i>Rev Paul Desmarais</i>					

## MAIL TO:

Division of Business Services

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