



State of Rhode Island  
Department of State - Business Services Division

FIELD

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.

FEB 18 2025

BY CLH5

1. Entity ID Number 29218		2. Exact name of the Corporation Church of Saint Theresa of the Child Jesus,			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious Charitable Organization			
4. NAICS Code 813110 Re. Org.					
6. Principal Office Address 35 Dion Drive			City Harrisville,	State RI	Zip 02830
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name See Vice-President			Vice-President Name Rev. Msgr. Albert Kenney		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence,	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Rev. Jose Parathanal, CMI			Treasurer Name Rev. Jose Parathanal, CMI		
Street Address 35 Dion Drive			Street Address 35 Dion Drive		
City Harrisville,	State RI	Zip 02830	City Harrisville,	State RI	Zip 02830
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. Jose Parathanal, CMI		
Street Address One Cathedral Square			Street Address 35 Dion Drive		
City Providence,	State RI	Zip 02903	City Harrisville,	State RI	Zip 02830
Director Name <del>Arsenio Dalpe</del>			Director Name Michael Cosetta		
Street Address 1005 Mt. Pleasant Rd			Street Address 380 Cooper Hill Road		
City Harrisville,	State RI	Zip 02830	City Mapleville,	State RI	Zip 02839
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. Jose Parathanal, CMI					Date February 6, 2025
Signature of Officer/Authorized Representative 					

## MAIL TO:

Division of Business Services

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