RI SOS Filing Number: 202566374650 Date: 2/24/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual	Report	for	the	year:	2025
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Non-Profit Corporation				BY Y Y	<u>5</u> 2-		
→ 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	2. Exact name of the Corporation						
000029061	Church of Our Lady of Czenstochowa						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Religious						
4. NAICS Code							
813110				!			
6. Principal Office Address			City	State	Zip		
445 Washington Street			Coventry	RI	02816		
7. List ALL officers (names and add	•		Chec	ck the box to indicate a	an attachment		
President Name Rev. Msgr. Albert A. Kenney			Vice-President Name				
Street Acdress One Cathedral Square			Street Address				
^{City} Providence	State RI	^{Zıp} 02903	City	State	Zip		
Secretary Name Rev. Jacek Ploch			Treasurer Name Rev. Jacek Ploch				
Street Address 445 Washington Street			Street Address 445 Washington Street				
^{City} Coventry	State RI	^{Zıp} 02816	City Coventry	State RI	Z ₁₀ 02816		
8. List ALL directors (names and ac	fdresses). RI Corp	orations MUST lis		ck the box to indicate	an attachment		
Director Name Rev. Msgr. Albe	rt A. Kenney		Director Name Rev. Jacek Ploch				
Street Address One Cathedral			Street Address 445 Washington Street				
City Providence	State RI	^{Zıp} 02903	City Coventry	State RI	^{Zip} 02816		
Director Name James R. Murphy, Trustee			Director Name Colleen Freitas, Trustee				
Street Address 27 Raymonds Point Road			Street Address 50 Hibiscus Lane				
City Coventry	State RI	^{Zip} 02816	City Coventry	State RI	^{Z_{ip}} 02816		
9. The Registered Agent informatio	n of record with th	e RI Department (of State is accurate. Changes re	quire filing Form 64	1,		
Under penalty of perjury, I declar statements, and that all statemen			•	companying sched	fules and		
This report must be signed by either the Pres	dent, Vice-President, S	Secretary, Assistant Se	cretary: Treasurer, duly Authorized Repre	sentative. Receiver or Tri	ustee		
Name of Officer/Authorized Repres	entative			Date			
Rev. Jacek Ploch				2/21/202	:5		
Signature of Officer/Authorized Rep					_		
Rev. Decek Tour				•			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.scs.ri.gov