RI SOS Filing Number: 202566375620 Date: 2/24/2025 4:00:00 PM



State of Rhode Island **Department of State - Business Services Division**

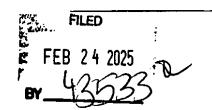
Annual Report for the year: 2025

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

Repully: Additional \$25.00 fee if fo



→ Penalty: Additional \$25.00 fee if	torm is not filed by	may 31.			
1. Entity ID Number	2. Exact name of the Corporation				
001778850	Catholic Studies Consortium, Inc.				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	A national professional organization committed to scholarship, teaching,				
4. NAICS Code	and service in light of the Catholic educational tradition.				
813110					
6. Principal Office Address			City	State	Zip
40 Rosyln Avenue			Providence	RI	02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Kenneth Parker PhD			Vice-President Name Michael P. Murphy, PhD		
Street Address Duquesne Univ., 600 Forbes Avenue			Street Address Loyola Univ, 1032 W. Sheridan Rd		
^{City} Pittsburgh	State PA	^{Zip} 15226	^{City} Chicago	State L	Zip 60660
Secretary Name Patrick Manning, PhD			Treasurer Name Michelle Loris, PhD, PsyD		
Street Address Seton Hall Univ. 610 S. Springfield Ave			Street Address Sacred Heart Univ, 5151 Park Ave		
^{City} Springfield	State NJ	^{Zip} 07081	^{City} Fairfield	State CT	Zip 06825
8. List ALL directors (names and ac	ldresses). RI Corp	orations MUST lis	at least THREE directors. Check the	box to indicate an a	attachment 🗹
Director Name Patrick Manning, PhD			Director Name Naomi Fisher, PhD		
Street Address Seton Hall Univ, 610 S. Springfield Ave			Street Address Loyola Univ. 5836 Crain Street		
^{City} Springfield	State NJ	^{Zip} 07081	^{City} Morton Grove	State IL	Zip OUUUU
Director Name Raymond Hain, PhD			Director Name Kenneth Parker, PhD		
Street Address Prov. College, 1 Cunningham Square			Street Address Duquesne Univ., 600 Forbes Avenue		
^{City} Providence	State RI	^{Zip} 02918	^{City} Pittsburgh	State PA	zie 15226_
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.					
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				Date	
Kenneth Parker				2/14/	<u>26525</u>
Signature of Officer/Authorized Representative					
	17 \ABS / 1				

MAIL TO:

Division of Business Services

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

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