



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

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 24 2025

BY

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1. Entity ID Number 001778850		2. Exact name of the Corporation Catholic Studies Consortium, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A national professional organization committed to scholarship, teaching, and service in light of the Catholic educational tradition.			
4. NAICS Code 813110					
6. Principal Office Address 40 Roslyn Avenue			City Providence	State RI	Zip 02908
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 IL	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 addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
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 60053
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	Zip 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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Kenneth Parker				Date 2/14/2025	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov