



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2025

MAR 04 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

CBN

BY 23857

| | | | | | |
|--|----------|---|------------------------------------|-----------------|--------------|
| 1. Entity ID Number 000029396 | | 2. Exact name of the Corporation Saint Francis Church Corporation, Hillsgrove | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island CHURCH | | | |
| 4. NAICS Code 813110 | | | | | |
| 6. Principal Office Address 111 Long Street | | City Warwick | | State RI | Zip 02886 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Rev. Msgr. Albert A. Kenney | | | Vice-President Name | | |
| Street Address One Cathedral Square | | | Street Address | | |
| City Providence | State RI | Zip 02903 | City | State | Zip |
| Secretary Name Rev. Andrew Messina | | | Treasurer Name Rev. Andrew Messina | | |
| Street Address 111 Long Street | | | Street Address 111 Long Street | | |
| City Warwick | State RI | Zip 02886 | City Warwick | State RI | Zip 02886 |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name Rev. Msgr. Albert A. Kenney | | | Director Name Rev. Andrew Messina | | |
| Street Address One Cathedral Square | | | Street Address 111 Long Street | | |
| City Providence | State RI | Zip 02903 | City Warwick | State RI | Zip 02886 |
| Director Name The Honorable Alice B. Gibney | | | Director Name Patricia Pothier | | |
| Street Address 60 10th Avenue | | | Street Address 28 Hedgerow Drive | | |
| City Warwick | State RI | Zip 02886 | City Warwick | State RI | Zip 02886 |
| 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. | | | | | |
| <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. Andrew Messina, Pastor | | | | Date 2/27/25 | |
| Signature of Officer/Authorized Representative Rev. Andrew Messina | | | | | |

MAIL TO:
Division of Business Services
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