RI SOS Filing Number: 202566659090 Date: 3/4/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: Non-Profit Corporation

2025

BX 53828

Filing period: February 1 - May 1

→ Filing Fee \$20 00

→ Penalty Additional \$25 00 fee if form is not filed by May 31.

-> Ferrally Additional \$25 00 lee ii					
1. Entity ID Number 000029272	Exact name of the Corporation Saint Catherine's Roman Catholic Church of Warwick Rhode Island				
State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island					
	CHURCH				
4. NAICS Code					
813110					
6. Principal Office Address			City	State	Zip
111 Long Street	11 Long Street			RI	02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
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	Zıp
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					
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	ē 2886
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.					
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					/
REV. ANDRIAN MESSINA PASTOR 2/27/25					25
Signature of Officer/Authorized Representative					
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MAIL TO:

Division of Business Services

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