RI SOS Filing Number: 202566658930 Date: 3/4/2025 4:00:00 PM



State of Rhode Island

FILED

Department of State - Business Services Division

MAR 0 4 2025

Annual Report for the year: Non-Profit Corporation

2025

(CB)

BY 23855

→ Filing Period February 1 - Ma → Filing Fee: \$20.00 → Penalty Additional \$25.00 fee		by May 31				
1. Entity ID Number	_	2. Exact name of the Corporation				
000031542	Saint Ro	Saint Rose's Church Corporation, Warwick				
3. State of Incorporation	5. Brief descr	5. Brief description of the character of business conducted in Rhode Island				
Rhode Island		CHURCH				
4. NAICS Code	 	IURCH				
813110						
6. Principal Office Address			City	State	Zip	
111 Long Street			Warwick	RI	02886	
7. List ALL officers (names and	· · · · · · · · · · · · · · · · · · ·		·	Check the box to indicate a	n 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	^{Z₁p} 02886	^{City} Warwick	State RI	Zip 02886	
8. List ALL directors (names and	d addresses). RI C	Corporations MUST I		Chark the hey to radigate		
Director Name Rev. Msgr. Albert A. Kenney			Check the box to indicate an attachment Director Name Rev. Andrew Messina			
Strant Address						
One Cathedral Square			Street Address 111 Long Street			
^{City} Providence	State RI	^{Zip} 02903	City Warwick	State RI	Ζβοου	
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 informa	ation of record with	n the RI Department	of State is accurate. Change	es require filing Form 64	1.	
Under penalty of perjury, I dec statements, and that all stater				accompanying sched	ules and	
This report must be signed by either the		ent, Secretary, Assistant S	ecretary, Treasurer, duly Authorized F	Representative, Receiver or Tru	stee	
Name of Officer/Authorized Rep REV. Ammun		NA PAS	TOR	Date 2/27	/25	
Signature of Officer/Authorized F	Representative	,				

MAIL TO:

Division of Business Services

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

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