RI SOS Filing Number: 202566659180 Date: 3/4/2025 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

FILED

MAR 04 2025

Annual Report for the year:

2025

BY 23856

Non-Profit Corporation	

- → Filing Fee \$20 00
- → Penalty. Additional \$25.00 fee if form is not filed by May 31

	To 5						
1. Entity ID Number 000029321	2. Exact name of the Corporation St. Clement Church Corporation, Wanvick						
000029321	St. Clement Church Corporation, Warwick						
3 State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island							
4 NAICS Code	CHURCH						
813110							
6. Principal Office Address	<u> </u>		City	State	Zip		
111 Long Street			Warwick	RI	02886		
			VVAIVVICK		02000		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Rev. Msgr. Alb	ert 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 N	∕lessina		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	Zip UZ00U		
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	^{Zıp} 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 REV. Andrew MESSINA			Date 2/27/25				
REV. Andrew MESSINA 2/27/25 Signature of Officer/Authorized Representative Run. Andrew Mussin							

MAIL TO:

Division of Business Services

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

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