



State of Rhode Island
Department of State - Business Services Division

FILED

MAR 04 2025

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.

CB

BY 23856

1. Entity ID Number 000029321		2. Exact name of the Corporation St. Clement Church Corporation, Warwick			
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					Date 2/27/25
Signature of Officer/Authorized Representative 					

MAIL TO:
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