RI SOS Filing Number: 202566679340 Date: 3/5/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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.

FILED
MAR 05 2025
BY 2026

1. Entity ID Number	2. Exact name of the Corporation
000029107	The Church of the Precious Blood of Woonsocket, Rhode Island
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Roman Catholic Church ministering to the members of the community.
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
94 Carrington Avenue	Woonsocket	RI	02895

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:	Zip:
Secretary Name: Rev. Michael A. Kelley			Treasurer Name: Rev. Michael A. Kelley		
Street Address: 34 Joffre Avenue			Street Address: 34 Joffre Avenue		
City: Woonsocket	State: RI	Zip: 02895	City: Woonsocket	State: RI	Zip: 02895

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name: Craig Lacouture			Director Name: Rev. Msgr. Albert A. Kenney		
Street Address: 127 Carrington Avenue			Street Address: One Cathedral Square		
City: Woonsocket	State: RI	Zip: 02895	City: Providence	State: RI	Zip: 02903
Director Name: Jeanne Fagnant			Director Name: Rev. Michael A. Kelley		
Street Address: 1189 Mendon Road			Street Address: 34 Joffre Avenue		
City: Woonsocket	State: RI	Zip: 02895	City: Woonsocket	State: RI	Zip: 02895

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. Michael A. Kelley	**03/03/2025**

Signature of Officer/Authorized Representative: Rev. Michael A. Kelley

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 12/2023