



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

1. Entity ID Number 000028475		2. Exact name of the Corporation Saint Agatha's Church Corporation, Woonsocket			
3. State of Incorporation Rhode Island		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 34 Joffre Avenue			City Woonsocket	State RI	Zip 02895
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. 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: <input type="checkbox"/>					
Director Name Rev. Msgr. Albert A. Kenney			Director Name Rev. Michael A. Kelley		
Street Address One Cathedral Square			Street Address 34 Joffre Avenue		
City Providence	State RI	Zip 02903	City Woonsocket	State RI	Zip 02895
Director Name David Tout			Director Name Suzanne Heroux		
Street Address 140 Cleveland Street			Street Address 157 Jillson Avenue Apt # 2		
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Reverend Michael A. Kelley				Date 03/03/2025	
Signature of Officer/Authorized Representative <i>X Reverend Michael A. Kelley</i>					

MAIL TO:
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