



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

APR 22 2025
BY *[Signature]*

1. Entity ID Number 000030896		2. Exact name of the Corporation S.S. Peter and Paul's Church, Phoenixville Rhode Island			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious Services			
4. NAICS Code 813110					
6. Principal Office Address 854 Providence St			City West Warwick	State RI	Zip 02893
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rev. Msgr. Albert Kenney			Vice-President Name		
Street Address One Cathedral Square			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Rev. Gregory P. Stowe			Treasurer Name Rev. Gregory P. Stowe		
Street Address 854 Providence St			Street Address 854 Providence St		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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 Kenney			Director Name Rev. Gregory P. Stowe		
Street Address One Cathedral Sq			Street Address 854 Providence St		
City Providence	State RI	Zip 02903	City West Warwick	State RI	Zip 02893
Director Name Thomas Walsh			Director Name Daniel T. Burns, Jr.		
Street Address 26 Pocono Dr			Street Address 36 Brookdale Ave		
City Warwick	State RI	Zip 02886	City West Warwick	State RI	Zip 02893
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 <i>Rev. Gregory P. Stowe</i>					Date 4/16/25
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
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