



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

1. Entity ID Number 30822		2. Exact name of the Corporation St. Peter's Church, Warwick, Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Roman Catholic Church/Parish			
4. NAICS Code 813110 - Religious Orgar					
6. Principal Office Address 350 Fair Street			City Warwick	State RI	Zip 02888
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 Stephen Isherwood, Trustee			Treasurer Name Reverend Roger C. Gagne', Pastor		
Street Address 339 Fair Street			Street Address 350 Fair Street		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
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 Reverend Roger C. Gagne', Pastor		
Street Address One Cathedral Square			Street Address 350 Fair Street		
City Providence	State RI	Zip 02903	City Warwick	State RI	Zip 02888
Director Name Stephen Isherwood, Trustee			Director Name Kathleen Bowling, Trustee		
Street Address 339 Fair Street			Street Address 107 Squantum Drive		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
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 Reverend Roger C. Gagne', Pastor				Date 04-16-2024	
Signature of Officer/Authorized Representative 					

MAIL TO:
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