



State of Rhode Island
Department of State - Business Services Division

FILED

APR 30 2025
BY 14651
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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.

1. Entity ID Number 000030842		2. Exact name of the Corporation Saint Rita's Church Corporation Oakland Beach			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Roman Catholic Church			
4. NAICS Code 813110					
6. Principal Office Address 722 Oakland Beach Avenue			City Warwick	State RI	Zip 02889
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. Dean P. Perri			Treasurer Name Rev. Dean P. Perri		
Street Address 1799 Warwick Avenue			Street Address 1799 Warwick Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
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. Dean P. Perri		
Street Address One Cathedral Square			Street Address 1799 Warwick Avenue		
City Providence	State RI	Zip 02903	City Warwick	State RI	Zip 02889
Director Name David Pocard			Director Name Cheryl Picard		
Street Address 568 Church Avenue			Street Address 568 Church Avenue		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
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 Rev. Dean P. Perri				Date 4/24/25	
Signature of Officer/Authorized Representative Rev. Dean P. Perri					

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