RI SOS Filing Number: 202572593700 Date: 4/30/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
APR 30 2025
BY

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	2. Exact name of the Corporation
000029222	Church of Saint Tereda of the Child Jesus, Pawtucket Rhode Island
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 Rel. Org.	

6. Principal Office Address	City	State	Zip
358 Newport Avenue	Pawtucket	RI	02861

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Rev. Msgr. Albert A. Kenney	
Street Address: One Cathdral Square	Street Address:
City: Providence; State: RI; Zip: 02903	City: ; State: ; Zip:
Secretary Name: Rev. Joshua A. Barrow	Treasurer Name: Rev. Joshua A. Barrow
Street Address: 358 Newport Ave.nue	Street Address: 358 Newport Avenue
City: Pawtucket; State: RI; Zip: 02861	City: Pawtucket; State: RI; Zip: 02861

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

Director Name	Director Name
Rev. Msgr Albert A. Kenney	Rev. Joshua A. Barrow
Street Address: One Cathedral Square	Street Address: 358 Newport Avenue
City: Providence; State: RI; Zip: 02903	City: Pawtucket; State: RI; Zip: 02861
Director Name: Donald Sowa	Director Name: Madeline Glaude
Street Address: 25 Lonesome Pine Road	Street Address: 26 Denise Drive
City: Cumberland; State: RI; Zip: 02864	City: Seekonk, MA 02771; State: ; Zip:

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
Fr. Joshua Barrow	4.23.25

Signature of Officer/Authorized Representative: Fr. Joshua Barrow

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