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State of Rhode Island
Department of State - Business Services Division

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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
29390	Saint Francis's Church
3. State of Incorporation	**5. Brief description of the character of business conducted in Rhode Island**
RI	Roman Catholic Church
4. NAICS Code	
813110	

6. Principal Office Address	City	State	Zip
114 High Street	Wakefield	RI	02879

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

President Name: Rec. 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. Albert Ranallo			Treasurer Name: Rev. Albert Ranallo		
Street Address: 114 High Street			Street Address: 114 High Street		
City: Wakefield	State: RI	Zip: 02879	City: Wakefield	State: RI	Zip: 02879

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: Rev. Albert Ranallo		
Street Address: One Cathedrl Square			Street Address: 114 High Street		
City: Providence	State: RI	Zip: 02903	City: Wakefield	State: RI	Zip: 02879
Director Name: L. Peter Sheehan			Director Name: Pat Lessard		
Street Address: 330 Bittersweet Farm Way			Street Address: 76 Woodmans Trail		
City: Wakefield	State: RI	Zip: 02879	City: Wakefield	State: RI	Zip: 02879

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
Rev. Albert D. Ranallo	4-23-25
Signature of Officer/Authorized Representative: Rev. Albert D. Ranallo	

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