



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 30 2025
STAMP
BY [Signature]

1. Entity ID Number 29390		2. Exact name of the Corporation Saint Francis's Church			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Roman Catholic Church			
4. NAICS Code 813110					
6. Principal Office Address 114 High Street		City Wakefield		State RI	Zip 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 Cathedral 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 Rev. Albert A. Ranallo				Date 4-23-25	
Signature of Officer/Authorized Representative [Signature]					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov