



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.

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BUS SVCS DIV.  
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1. Entity ID Number 000028811		2. Exact name of the Corporation Christ The King Church Corporation, Kingston			
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 180 Old North Road			City Kingston	State RI	Zip 02881
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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. Jared Costanza			Treasurer Name Rev. Jared Costanza		
Street Address 180 Old North Road			Street Address 180 Old North Road		
City Kingston	State RI	Zip 02881	City Kingston	State RI	Zip 02881
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Rev. Msgr. Albert Kenney			Director Name Rev. Jared J. Costanza		
Street Address One Cathedral Square			Street Address 180 Old North Road		
City Providence	State RI	Zip 02903	City Kingston	State RI	Zip 02881
Director Name Mark Noble			Director Name Philip Tracy		
Street Address 1158 South Road			Street Address 10 Thorpe Lane		
City Wakefield	State RI	Zip 02879	City West Kingston	State RI	Zip 02892
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <b>Jared J. Costanza</b>					Date 5/9/2025
Signature of Officer/Authorized Representative 					

FILED

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

MAY 19 2025  
BY 13759  
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