



State of Rhode Island
Department of State - Business Services Division

FILED

MAY 20 2025

BY 78051

REC'D R7065 BSD
25 MAY 20 PM 2:31:00

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 28292		2 Exact name of the Corporation Catholic Foundation of Rhode Island			
3 State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious, charitable and educational activities.			
4 NAICS Code 813110					
6. Principal Office Address One Cathedral Square		City Providence		State RI	Zip 02903
7 List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name Most Rev. Bruce A. Lewandowski C.Ss.R			Vice-President Name Rev. Msgr. Albert A. Kenney		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Rev. Timothy D. Reilly			Treasurer Name Most Rev. Bruce A. Lewandowski C.Ss.R		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment ☐					
Director Name Most Rev. Bruce A. Lewandowski C.Ss.R			Director Name Rev. Msgr. Albert A. Kenney		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Rev. Timothy D. Reilly			Director Name Michael Sabatino		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
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. Timothy D. Reilly, Secretary				Date 5/20/25	
Signature of Officer/Authorized Representative <i>Rev. Timothy D. Reilly</i>					

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

Catholic Foundation of Rhode Island

28292

ADDITIONAL OFFICER:

Assistant Treasurer

Michael Sabatino
One Cathedral Square
Providence, RI 02903