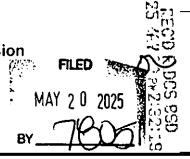
RI SOS Filing Number: 202573423150 Date: 5/20/2025 4:00:00 PM

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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 the second second	form is not filed by I	May 31	BY 7600	ີ່ເ <u>ດື</u>			
1. Entity ID Number 92074	2. Exact name of the Corporation Diocesan Service Corporation						
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				State RI	Zip 02903		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Most Rev. Brud	Vice-President Name Rev. Msgr.	Albert A. Ken	ney				
Street Address One Cathedral Square			Street Address One Cathedral Square				
^{City} Providence	State RI	^{Zip} 02903	^{Crty} Providence	State RI	^{Z_{IP}} 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	Stale RI	^{Ζίρ} 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	Stale 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	Stale RI	Z _{IP} 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 Authonzed Representative, Receive or Trustee							
Name of Officer/Authorized Representative Rev. Timothy D. Reilly, Secretary				5/20	25		
Signature of Officer/Authorized Representative							
MAIL TO:		7 3					

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri gov Diocesan Service Corporation

92074

ADDITIONAL OFFICER:

Assistant Treasurer

Michael Sabatino One Cathedral Square Providence, RI 02903