RI SOS Filing Number: 202573423510 Date: 5/20/2025 4:00:00 PM

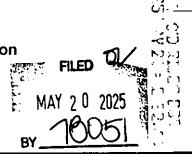
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State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2025
Non-Profit Corporation

→ Filing period February 1 - May 1



→ Filing 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 95640	2 Exact name of the Corporation Holy Spirit Catholic Community					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Religious, charitable and educational activities.					
4 NAICS Code 813110						
6. Principal Office Address			City	State	Zıp	
One Cathedral Square			Providence	RI	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			
Street Address One Cathedral Square			Street Address			
^{City} Providence	State RI	^{Zip} 02903	City	State	Zip	
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 declar statements, and that all statemen			this report, including any accomp	panying schedul	es and	
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	5	
Rev. Timothy D. Reilly, Secretary						
Signature of Officer/Authorized Representative MAIL TO:						

Division of Business Services

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

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

ADDITIONAL OFFICER:

Assistant Treasurer

Rev. Otoniel Gomez One Cathedral Square Providence, RI 02903