RI SOS Filing Number: 202573423600 Date: 5/20/2025 4:00:00 PM

TO THE REAL

State of Rhode Island

Department of State - Business Services Divis

Annual Report for the year: 2025 Non-Profit Corporation

-> Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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BY 7005	63ω 130-2

→ Filing Fee: \$20,00 → Penalty: Additional \$25,00 for	ee if form is not filed	by May 31.					
1 Entity ID Number		2. Exact name of the Corporation					
1675180	Grateful	Grateful for God's Providence					
3. State of Incorporation	5. Brief descri	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Religious,	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	d addresses)		Ch	eck the box to indicate a	in 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	Slate RI	^{Zip} 02903	^{City} Providence	State RI	Zip 02903		
Secretary Name Rev. Timothy D. Reilly		Treasurer Name Michael Sabatino					
Street Address One Cathedral Square		Street Address One Cathedral Square					
^{City} Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Z₁p} 02903		
8. List ALL directors (names ar	nd addresses). RI C	orporations MUST lis		neck 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	Slate RI	^{Z_{IP}} 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 inform	nation of record with	the RI Department	of State is accurate. Changes i	require filing Form 64			
Under penalty of perjury, I do statements, and that all state				ccompanying sched	lules and		
This report must be signed by either the				resentative, Recei je r or Tri	istee		
Name of Officer/Authorized Re	presentative			gale	br		
Rev. Timothy D. R	/ - '	ary /	^	16/20	6		
Signature of Offider/Authorized	Representative	Keul	\mathcal{L}		ι		

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 OFFICERS:

Assistant Treasurer

Cheryl Brennan One Cathedral Square Providence, RI 02903