RI SOS Filing Number: 202573616750 Date: 5/20/2025 4:00:00 PM



## State of Rhode Island

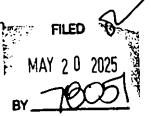
## Department of State - Business Services Division

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.					
1 Entity ID Number	2 Exact name of the Corporation  Marian Association of Northern Phode Island				
28277	Marian Association of Northern Rhode Island				
3 State of Incorporation	5. Brief description of the character of business conducted in Rhode Island Religious, charitable and educational activities.				
Rhode Island					
4 NAICS Code					
813110	<u></u>				
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		
<sup>Crty</sup> Providence	State RI	<sup>Zip</sup> 02903	<sup>City</sup> Providence	State RI	<sup>Zip</sup> 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		
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02903	<sup>City</sup> Providence	State RI	<sup>Z<sub>ip</sub></sup> 02903
8. List ALL directors (names and a	ddresses). RI Cor	porations MUST lis		e box to indicate an	
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		
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02903	City Providence	State RI	Zip 02903
Director Name Rev. Timothy D. Reilly			Director Name		
Street Address One Cathedral Square			Street Address		
<sup>Cily</sup> Providence	State RI	<sup>Z<sub>ip</sub></sup> 02903	City	State	Zip
The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
			this report, including any accomp	panying schedule	es 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, Treesurer, duly Authorized Representative, Receiverpr Trustee					
Name of Officer/Authorized Representative				Date Date	
Rev. Timothy D. Reilly, Secretary				5/20	125
Signature of Officer/Authorized Representative					
MAIL TO:	<del> </del>	<del></del>			

MAIL TO:

Division of Business Services

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

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