RI SOS Filing Number: 202573427400 Date: 5/20/2025 4:00:00 PM



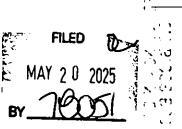
State of Rhode Island

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				
28640	Mont St. Francois, of Woonsocket R.I.				
3. State of Incorporation	5. 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 add		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	Slate 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 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 of Trustee					
Name of Officer/Authorized Representative Rev. Timothy D. Reilly, Secretary				Dale 120	175
Signature of Officer/Authorized Representative					
wind D Bally					
MAIL TO:	<i>1</i>				

Division of Business Services

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

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