

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

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BY	TOOL	17:00 SD

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→ Filing Fee \$20 00 → Penalty Additional \$25.00 fee if form is not filed by May 31.								
1. Entity ID Number 28553	2 Exact name of the Corporation St. Anne's Church, Cranston, Rhode Island							
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 add	Iresses)	Check the box to indicate an attachment						
President Name Most Rev. Bruc	e A. Lewando	owski 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	e A. Lewando	Director Name Rev. Msgr. Albert A. Kenney						
Street Address One Cathedral	Square	Street Address One Cathedral Square						
City Providence	State RI	^{Zip} 02903	^{Crty} Providence	State RI	Zip 02903			
Director Name Rev. Timothy D	. Reilly		Director Name Velia Lisi					
Street Address One Cathedral	Square		Street Address One Cathedral Square					
^{City} Providence	State RI	^{Zip} 02903	^{City} Providence	State 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 Authorized Representative, Receiver of Trustee								
Name of Officer/Authorized Repres Rev. Timothy D. Reill	Date 6 71	h5						
Signature of Officer/Authorized Representative								
MAIL TO:	1 Mrs	U .						

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 DIRECTOR:

Paula Mollo One Cathedral Square Providence, RI 02903