



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
 Non-Profit Corporation _____

FILED

MAY 12 2022

BY 10928
OS

- 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 000029048		2. Exact name of the Corporation Church of Our Lady of Consolation Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Roman Catholic Church			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 195 Walcott St.		City Pawtucket	State RI	Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Most Rev. Thomas J. Tobin			Vice-President Name Rev. Msgr. Albert A. Kenney		
Street Address 1 Cathedral Square			Street Address 1 Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Rev. Joseph Craddock			Treasurer Name Rev. Joseph Craddock		
Street Address 195 Walcott St.			Street Address 195 Walcott St.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Most Rev. Thomas J. Tobin			Director Name Rev. Msgr. Albert A. Kenney		
Street Address 1 Cathedral Square			Street Address 1 Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Rev. Joseph Craddock			Director Name Stephen Kilmartin		
Street Address 195 Walcott St.			Street Address 284 Woodhaven Road		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative				Date 4-30-22	
Signature of Officer/Authorized Representative <i>Rev. Joseph Craddock</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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Attachment:

#8 Directory

Paul Renaud

283 Bloomfield Street

Pawtucket, RI 02861

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