



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year: 2023  
 Non-Profit Corporation

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- 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 <b>000029232</b>		2. Exact name of the Corporation <b>Church of Saint Vincent de Paul, Anthony Rhode Island</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>TO CARE FOR THE SPIRITUAL NEEDS OF THE PEOPLE OF OUR PARISH</b>			
4. NAICS Code <b>813110 - Religious Organization</b>					
6. Principal Office Address <b>6 SAINT VINCENT DE PAUL STREET</b>		City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>MOST REV. THOMAS J. TOBIN</b>			Vice-President Name <b>REV. MSGR. ALBERT A. KENNY</b>		
Street Address <b>ONE CATHEDRAL SQUARE</b>			Street Address <b>ONE CATHEDRAL SQUARE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
Secretary Name <b>REV. JACEK PLOCH</b>			Treasurer Name <b>REV. JACEK PLOCH</b>		
Street Address <b>6 SAINT VINCENT DE PAUL STREET</b>			Street Address <b>6 SAINT VINCENT DE PAUL STREET</b>		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>MOST REV. THOMAS J. TOBIN</b>			Director Name <b>REV. MSGR. ALBERT A. KENNY</b>		
Street Address <b>ONE CATHEDRAL SQUARE</b>			Street Address <b>ONE CATHEDRAL SQUARE</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name <b>REV. JACEK PLOCH</b>			Director Name <b>JOSEPH BERGERON</b>		
Street Address <b>6 SAINT VINCENT DE PAUL STREET</b>			Street Address <b>7 YATES AVENUE</b>		
City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>	City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>REV. JACEK PLOCH</b>				Date <b>2-02-2023</b>	
Signature of Officer/Authorized Representative 					

MAIL TO:  
 Division of Business Services  
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