RI SOS Filing Number: 202328425390 Date: 2/9/2023 4:00:00 PM

State of Rhode Island

## **Department of State - Business Services Division**

FILED

<b>Annual</b>	Report	for	the	уеаг:

2023 **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.

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FEB 0 9 2023 BY

1. Entity ID Number	2. Exact name of the Corporation							
000028567	St. Ann's Church Corporation of Woonsocket, Rhode Island							
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island							
RI	non-profit, religious, charitable							
4. NAICS Code								
813110 - Religious Organizati								
6. Principal Office Address			City	State	Zip			
1200 Mendon Road			Woonsocket	RI	02895			
7. List ALL officers (names and addresses)  Check the box to indicate an attachment								
President Name Most Rev. Thomas J. Tobin			Vice-President Name Rev. Msgr. Albert A. Kenney					
Street Address One Cathedral Square			Street Address One Cathedral Square					
City Providence	Slate RI	<sup>Zip</sup> 02903	City Providence	State RI	<sup>Zip</sup> 02903			
Secretary Name Rev. Ryan J. k	Krocka-Simas Treasurer Name Rev. Ryan			. Krocka-Simas				
Street Address 1200 Mendon Road			Street Address 1200 Mendon Road					
City Woonsocket	State RI	<sup>Zip</sup> 02895	City Woonsocket	State RI	<sup>Zip</sup> 02895			
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. Thomas J. Tobin			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	<sup>Zip</sup> 02903			
Director Name Rev. Ryan J. Krocka-Simas			Director Name Julien P. Ayotte					
Street Address 1200 Mendon Road			Street Address 107 Old River Road Unit 88					
City Woonsocket	State RI	<sup>Zip</sup> 02895	<sup>City</sup> Lincoln	State RI	<sup>Zip</sup> 02865			
9. The Registered Agent information	n of record with th	e 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 or Trustee								
Name of Officer/Authorized Representative								
Ry Ran Sinas				2/4/23				
Signature of Officer/Authorized Representative								

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.n.gov ADDITIONAL DIRECTOR

FILED

FEB **0 9** 2023

BY 2

Edwin Burke

52 Hillsdale Street

Woonsocket, RI 02895