



State of Rhode Island

Department of State - Business Services Division

**FILED**

Annual Report for the year: 2023  
 Non-Profit Corporation

FEB 09 2023  
 BY 14633

- 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<br><b>78700</b>  |                    | 2. Exact name of the Corporation<br><b>The Diocese of Rhode Island</b>                                       |                           |                         |                     |
| 3. State of Incorporation<br><b>RHODE ISLAND</b>   |                    | 5. Brief description of the character of business conducted in Rhode Island<br><b>RELIGIOUS ORGANIZATION</b> |                           |                         |                     |
| 4. NAICS Code<br>813110 - Religious Organization <input type="checkbox"/>  |                    |  |                           |                         |                     |
| 6. Principal Office Address<br><b>275 NORTH MAIN STREET</b>  |                    | City<br><b>PROVIDENCE</b>  | State<br><b>RI</b>        | Zip<br><b>02903</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<br><b>W. NICHOLAS KNISELY</b>   |                    | Vice-President Name<br><b>EDWARD E. BIDDLE</b>   |                           |                         |                     |
| Street Address<br><b>130 COLD SPRING LANE</b>  |                    | Street Address<br><b>7 BARNES STREET</b>   |                           |                         |                     |
| City<br><b>NORTH KINGSTOWN</b>   | State<br><b>RI</b> | Zip<br><b>02852</b>  | City<br><b>PROVIDENCE</b> | State<br><b>RI</b>      | Zip<br><b>02906</b> |
| Secretary Name<br><b>KEISTIN KNUDSON-GROH</b>  |                    | Treasurer Name<br><b>VICTORIA ESCALERA</b>   |                           |                         |                     |
| Street Address<br><b>64 CYPRESS STREET, UNIT 1</b>   |                    | Street Address<br><b>64 DEER TRAIL ROAD</b>  |                           |                         |                     |
| City<br><b>PROVIDENCE</b>  | State<br><b>RI</b> | Zip<br><b>02906</b>  | City<br><b>WAKEFIELD</b>  | State<br><b>RI</b>      | Zip<br><b>02879</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<br><b>PHYLLIS SPAZIANO</b>   |                    | Director Name<br><b>ROBERT FYE</b>   |                           |                         |                     |
| Street Address<br><b>60 HAWTHORNE PLACE, APT. 27</b>   |                    | Street Address<br><b>603 PARADISE AVENUE</b>   |                           |                         |                     |
| City<br><b>NORTH PROVIDENCE</b>  | State<br><b>RI</b> | Zip<br><b>02904</b>  | City<br><b>MIDLETOWN</b>  | State<br><b>RI</b>      | Zip<br><b>02842</b> |
| Director Name<br><b>OLIVE SWINSKI</b>  |                    | Director Name  |                           |                         |                     |
| Street Address<br><b>30 SUMNER AVENUE</b>  |                    | Street Address   |                           |                         |                     |
| City<br><b>CRANSTON</b>  | State<br><b>RI</b> | Zip<br><b>02900</b>  | City                      | State                   | Zip                 |
| 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<br><b>JOAN T. DECELLES</b>   |                    |  |                           | Date<br><b>2-7-2023</b> |                     |
| Signature of Officer/Authorized Representative<br>   |                    |  |                           |                         |                     |

MAIL TO:  
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