



Department of State - Business Services Division

Annual Report for the year: 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.

FILED STAMP
 FEB 24 2023
 BY 4773
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1. Entity ID Number 000026789		2. Exact name of the Corporation Our Lady of Good Help and St. Theresa Shrine			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious Charitable Organization			
4. NAICS Code 813110 Religious Org.					
6. Principal Office Address 35 Dion Drive			City Harrisville	State RI	Zip 02830
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Most Rev. Thomas Tobin			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. Jose Parathanal, CMI			Treasurer Name Rev. Jose Parathanal		
Street Address 35 Dion Drive			Street Address 35 Dion Drive		
City Harrisville	State RI	Zip 02830	City Harrisville	State RI	Zip 02830
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. Kenny		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02910
Director Name Rev. Jose Parathanal, CMI			Director Name Michael Cosetta		
Street Address 35 Dion Drive			Street Address 380 Cooper Hill Road		
City Harrisville	State RI	Zip 02830	City Mapleville	State RI	Zip 02839
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.					
<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 Rev. Jose Parathanal, CMI				Date 12/15/2023	
Signature of Officer/Authorized Representative 					