



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
 Non-Profit Corporation

MAR 25 2023

21693

- 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 000029076		2. Exact name of the Corporation Church of Our Lady of Good Counsel Warwick, 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 62 Pleasant Street			City West warwick	State RI	Zip 02893
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Most Reverend Thomas J. Tobin			Vice-President Name Reverend Monsignor Albert A. Kenny		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Reverend Paul R. Lemoi			Treasurer Name Reverend Paul R. Lemoi		
Street Address 62 Pleasant Street			Street Address 62 Pleasant Street		
City West warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
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 Reverend Thomas J. Tobin			Director Name Reverend Monsignor Albert A. Kenny		
Street Address One cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Reverend Paul R. Lemoi			Director Name Mr. Arthur Langlais		
Street Address 62 Pleasant Street			Street Address 24 Reservation Drive		
City West Warwick	State RI	Zip 02893	City Hope	State RI	Zip 02831
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 Reverend Paul R. Lemoi				Date 3/22/2023	
Signature of Officer/Authorized Representative <i>Reverend Paul R. Lemoi</i>					

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