	State of Rhode Office of the Secreta		Fee: \$20.00
	Division Of Busines	s Services	
	148 W. River S	treet	
	Providence RI 029		
7636	(401) 222-30	40	
Non-Profit Corporation			
Annual Report Filing Period: February 1 - May	, 1		
In accordance with R.I.G.L. 7-6 annual report within the time pr			
penalty fee of \$25.00.			
ANNUAL REPORT YEAR - EN	TER THE <u>CURRENT</u> FILING	(EAR <b>2023</b> : <u>2023</u>	
1. Corporate ID No. <u>00003</u>	<u>30847</u>		
2. Name of Corporation Sain	t Rocco Church of Johnston		
3. State of Incorporation			
State: <u>RI</u>			
	ARTICLE III		
Using the dropdown labeled N primary type of activity in whic populate a NAICS Code based box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of the the NAICS Code is kn	dropdown will
NAICS Code			
<u>813110</u>			
4. Principal Office Address			
No. and Street: 927 ATW	OOD AVENUE		
City or Town: JOHNST		te: <u>RI</u> Zip: <u>02919</u>	Country: <u>USA</u>
5. Brief Description of the Ch	aracter of the Affairs Condu	icted in Rhode Island	
RELIGIOUS AND EDUCA	<u> TIONAL</u>		
6. Names and Addresses of t	he Officers and Directors		
All Directors and Officers mu Island Corporation shall not		e number of DIRECT	ORS of a Rhode
Title	Individual Name	Add	
<u> </u>	First, Middle, Last, Suffix	Address, City or Town, S	State, Zip Code, Country

TREASURER	REV. ANGELO N CARUSI	927 ATWOOD AVE. JOHNSTON, RI 02919 USA	
SECRETARY	REV. ANGELO N CARUSI	927 ATWOOD AVE. JOHNSTON, RI 02919 USA	
PRESIDENT	MOST REVEREND THOMAS J TOBIN	ONE CATHEDRAL SQUARE PROVIDENCE, RI 02903 USA	
VICE PRESIDENT	REV. MSGR. ALBERT A KENNEY	1 CATHEDRAL SQ. PROVIDENCE, RI 02919 USA	
DIRECTOR	REV. ANGELO N CARUSI	927 ATWOOD AVE. JOHNSTON, RI 02919 USA	
DIRECTOR	RICHARD MONTELLA	3 JENNIFER DR. JOHNSTON, RI 02919 USA	
DIRECTOR	JAMES PETERS	5 NAPLES AVE. JOHNSTON, RI 02919 USA	

## 7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

REV. ANGELO N. CARUSI 927 ATWOOD AVENUE JOHNSTON , RI 02919

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

**Signed this 25 Day of April, 2023 at 2:30:29 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.* 

## By REV. ANGELO N CARUSI

Signature of Authorized Person

Form No. 631 Revised 09/07

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