RI SOS Filing Number: 202334814690 Date: 4/28/2023 4:00:00 PM

State of Rhode Island

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.

RECEIVE	D
P.J. DEPT. OF	STATE
BUS SVCS	DIV
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Entity ID Number	2. Exact name	of the Corporation			
29261	Saint Cas	simir's Churc	ch, Providence, Rhode	Island	
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Religious,	Religious, charitable and educational activities.			
4 NAICS Code	1				
813110 - Religious Organizations					
6 Principal Office Address			City	State	Zıp
One Cathedral Square			Providence	RI	02903
7. List ALL officers (names and ad				theck the box to indica	
President Name Most Reveren	rend Thomas J. 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. Timothy D. Reilly		Treasurer Name Most Reverend Thomas J. Tobin			
Street Address One Cathedral			Street Address One Cathedral Square		
^{City} Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zıp} 02903
8. List ALL directors (names and a	ddresses). RI Co	rporations MUST I	ist at least THREE directors.	Check the box to indica	ate an attachment
Director Name Most Reverend Thomas J. Tobin			Director 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
Director Name Rev. Timothy (D. Reilly	•	Director Name Velia Lisi		
Street Address One Cathedral Square		Street Address One Cathedral Square			
^{City} Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02903
9. The Registered Agent information	on of record with	the RI Department	of State is accurate. Changes requ	uire filing Form 641	
Under penalty of perjury, I decla statements, and that all stateme			d this report, including any acco i correct.	ompanying schedu	les and
		t, Secretary. Assistant S	ecretary, Treasurer, duly Authonzed Represe	entative, Receiver or Trus	tee
Name of Officer/Authorized Repre Rev. Timothy D. Beilly, So		_		Date 47	9/27
Signature of Other/Authorized Fle	precentative		FILED		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 631 - Revised: 11/2021

Saint Casimir's Church, Providence, Rhode Island

29261

ADDITIONAL DIRECTOR:

Paula Mollo One Cathedral Square Providence, RI 02903