RI SOS Filing Number: 202334816900 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	

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-> 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	2. Exact name of the Corporation						
96222	Diocesan School Financial Services						
3 State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	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 add				ck the box to indicate			
	Most Reverend Thomas J. Tobin			Vice-President Name Rev. Msgr. Albert A. Kenney			
Street Address One Cathedral	Square Street Address One Cathed			l Square			
^{City} Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zıp} 02903		
Secretary Name Rev. Timothy I	D. Reilly Treasurer Name Most Reverend			d Thomas J. Tobin			
Street Address One Cathedral			Street Address One Cathedral				
^{City} Providence	State RI	^{Zip} 02903	City Providence	State RI	^{Zip} 02903		
8 List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment							
Director Name Most Reverend Thomas J. Tobin			Director Name Rev. Msgr. Albert A. Kenney				
Street Address One Cathedral	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 Dr. James Power				
Street Address One Cathedral Square Street Address O			Street Address One Cathedral	Square			
^{City} Providence	State RI	^{Z₁p} 02903	City Providence	State RI	^{Zıp} 02903		
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.							
This report must be signed by either the President, Vice-President, Secretary Assistant Secretary, Treasurer, duly Authorized Representative, Receiver of Trustee							
Name of Officer/Authorized Repres Rev. Timethy D. Reilly, Se				Date 4/25	7 (23		
Signature of Officer/Authorized Rep	presentative	Q.	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

Diocesan School Financial Services

96222 ADDITIONAL OFFICER:

Assistant Treasurer

Dr. James Power One Cathedral Square Providence, RI 02903