RI SOS Filing Number: 202334819280 Date: 4/28/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2023

→ Filing period February 1 - May 1

→ Filing Fee \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.

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2022 APR 28 A II: 49

	2073 APR 28 A					
Entity ID Number	2. Exact name of the Corporation					
27084	Father Barry CYO Center					
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						
813110 - Religious Organizations						
6. Principal Office Address			City	State	Zıp	
One Cathedral Square			Providence	RI	02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment						
President Name Most Reverend 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	^{Zıp} 02903	
Secretary Name Rev. Timothy (D. Reilly		Treasurer Name Most Reverend Thomas J. Tobin			
Street Address One Cathedral Square			Street Address One Cathedral Square			
^{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 Square			Street Address One Cathedral Square			
^{City} Providence	State RI	^{Z₁p} 02903	^{City} Providence	State RI	^{Zip} 02903	
Director Name Rev. Timothy D). Reilly		Director Name			
Street Address One Cathedral Square			Street Address			
^{City} Providence	State RI	^{Zip} 02903	City	State	Zıp	
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 Representative Rev. Timethy D. Reilly. Secretary Date H 7072						
Signature of Office (Authorized Boar) and the						
FILED FILED						
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 4416295_1/1444-30 APR 28 2023 3869