RI SOS Filing Number: 202334822370 Date: 4/28/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

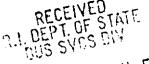
Annual	Report	for t	he :	year:			
Non-Profit Corporation							

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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				113 TO				
Entity ID Number	2. Exact name of the Corporation							
30883	St. Vincent de Paul Home, Woonsocket							
State of Incorporation	5. 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	ncipal Office Address			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	^{Z_{IP}} 02903	City Providence	State RI	^{Zip} 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	^{Z₁p} 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	^{Zip} 02903	City Providence	State RI	^{Zıp} 02903			
Director Name Rev. Timothy D. Reilly			Director Name					
Street Address One Cathedral Square			Street Address					
^{Cily} Providence	State RI	^{Z_{IP}} 02903	City	State	Ζιρ			
9. The Registered Agent information	on of record with th	ne 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 or Trustee								
Name of Officer/Authorized Representative								
Rev. Timothy D. Reilly, Secretary								
Signature of Officer Authorized Representative								
MAIL TO:	APR 2 8 2023							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 4416879_1/1444-30 BY 73869

FORM 631 - Revised: 11/2021