RI SOS Filing Number: 202334828570 Date: 4/28/2023 4:00:00 PM

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TAMPLE

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:	2023
Non-Profit Corporation	

RECEIVED BUS SYCS DIV

→ Filing period February 1 - May 1

→ Filing Fee: \$20.00

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

	•	·		2023 A <u>PR 28 A</u>	<u> </u>		
Entity ID Number	2. Exact name of the Corporation						
30862	Saint Teresa's Church Providence Rhode Island						
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	Zip		
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	^{Z_{ip}} 02903		
Secretary Name Rev. Timothy I). Reilly Treasurer Name Most Reverend Thomas J. Tobin			obin			
Street Address One Cathedral Square			Street Address One Cathedral Square				
^{City} Providence	State RI	^{Z_{ip}} 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	Crty Providence	State RI	^{Z_{ip}} 02903		
			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 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 or Trustee.							
Name of Officer/Authorized Representative Rev. Timothy D. Reilly, Secretary Date 1982							
Signature of Office Mauthorized Representative 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

FORM 631 - Revised: 11/2021

ADDITIONAL DIRECTOR:

Paula Mollo One Cathedral Square Providence, RI 02903