



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.

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|--|-----------------|---|------------------------|------------------------|------------------|
| 1. Entity ID Number 75274 | | 2. Exact name of the Corporation Inter-Parish Loan Fund, Inc. | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island Religious, charitable and educational activities. | | | |
| 4. NAICS Code 813110 - Religious Organizations | | | | | |
| 6. Principal Office Address One Cathedral Square | | City Providence | State RI | Zip 02903 | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| 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 | Zip 02903 |
| Secretary Name Rev. Timothy D. Reilly | | Treasurer Name Michael Sabatino | | | |
| 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 <input type="checkbox"/> | | | | | |
| 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 Michael Sabatino | | | |
| 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 4/28/23 | |
| Signature of Officer/Authorized Representative | | | | FILED | |

APR 28 2023
BY ML 73869