RI SOS Filing Number: 202335294400 Date: 5/3/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

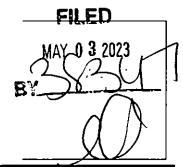
2023

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.



1. Entity ID Number	2. Exact name of the Corporation				
000031524	St. Philip's Church, Greenville, Rhode Island				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Religious entity - charitable organization				
4. NAICS Code			·		
813110					
6. Principal Office Address			City	State	Zip
622 Putnam Pike			Greenville	RI	02828
7. List ALL officers (names and add	Check the box to indicate an attachment				
President Name MOST REV. 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. Michael J. McMahon			Treasurer Name Rev. Michael J. McMahon		
Street Address 622 Putnam Pike			Street Address 622 Putnam Pike		
City Greenville, RI	State RI	Zip 02828	City Greenville	State RI	^{Zip} 02828
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 REV. 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. Michael McMahon			Director Name ANTONIO FONSECA		
Street Address 622 Putnam Pike			Street Address 84 Austin Avenue		
^{City} Greenville	State RI	^{Zip} 02903	^{City} Greenville	State RI	^{Zip} 02828
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, Treesurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Reverend Michael J. McMahon				Date	
				April 25, 2	3023
Signature of Officer/Authorized Representative Rev. Wichsel J. M. Maha					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

Saint Philip's Church, Greenville, Rhode Island

ADDITIONAL DIRECTOR:

Elizabeth Santucci 10 Appletown Road Greenville, RI 02828 FILED

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