



State of Rhode Island
Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS SVCS DIV
2023 APR 28 A 11:49

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 141160		2. Exact name of the Corporation Christ the Redeemer Academy					
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 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 <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			
Street Address One Cathedral Square				Street Address			
City Providence	State RI	Zip 02903	City	State	Zip		
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.							
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>							
Name of Officer/Authorized Representative Rev. Timothy D. Reilly, Secretary					Date 4/28/23		
Signature of Officer/Authorized Representative 					FILED		

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov
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