RI SOS Filing Number: 202336038940 Date: 5/24/2023 4:00:00 PM

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State of Rhode Island

Department of State - Business Services Division
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Annual Report	for the year:	2023
Non-Profit Cor	poration '	

- → Filing period. February 1 May 1 → Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.			\ L	<i></i>		
1. Entity ID Number	2. Exact name of the Corporation					
000029048	Church of Our Lady of Consolation Rhode Island					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Roman Cat	tholic Church				
4. NAICS Code	<u> </u>					
813110-Religious Org.						
6. Principal Office Address			City	State	Zip	
195 Walcott St.			Pawtucket	RI	02860	
7. List ALL officers (names and add		<u></u>		eck the box to indicate a		
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	^{Z_{ip}} 02903	
Secretary Name Rev. Joseph C	raddock		Treasurer Name Rev. Joseph Craddock			
Street Address 195 Walcott St			Stree: Address 195 Walcott St.			
^{City} Pawtucket	State RI	^{Zip} 02860	^{City} Pawtucket	State RI	^{Zip} 02860	
8. List ALL directors (names and ad	ddresses). RI Co	rporations MUST		heck the bax to indicate a	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	^Ζ ₀ 2903	
Director Name Rev. Joseph Craddock			Director Name tephen Kilmartin			
Street Address 195 Walcott St.			Street Address 284 Woodhaven Rd.			
City Pawtucket	State RI	^{Zip} 02860	^{City} Pawtucket	State RI	^{Ζιρ} 02860	
9. The Registered Agent information	n of record with	the RI Department	l of State is accurate. Changes	require filing Form 64	1.	
Under penalty of perjury, I declar statements, and that all statements				ccompanying sched	ules and	
This report must be signed by either the Pres	sident, Vice-President	, Secretary, Assistant S	Secretary, Treasurer, duly Authorized Rep	presentative, Receiver or Tri.	stee	
Name of Officer/Authorized Repres	sentative addrok			Date AS 18	122	
Signature of Officer/Authorized Rep	presentative			,		
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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.n.gov

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FORM 631
ADDENDUM

CHURCH OF OUR LADY OF CONSOLATION RHODE ISLAND 195 WALCOTT STREET PAWTUCKET, RI **FILED**

MAY 2 4 2023

DIRECTOR NAME:

PATRICIA MARTINEZ 142 OAKLAND AVENUF PAWTUCKET, RI 02861