



**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2023**

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JUN 15 2023

BY 11103
[Signature]

1. Entity ID Number 000029195		2. Exact name of the Corporation Society of St. Vincent de Paul (SVDP) Rhode Island			
3. Principal Office Address 25 Webb Street		City Cranston		State RI	Zip 02920
4. NAICS Code 624190		6. Brief description of the character of business conducted in Rhode Island To provide charitable assistance to Rhode Islanders in need through parish-based conferences of the Society.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name Michael Vieira			Vice-President Name Patricia Sickinger		
Street Address 78 Middle Rd.			Street Address 95 Lynne Lane		
City Portsmouth	State RI	Zip 02872	City Mapleville	State RI	Zip 02839
Secretary Name Susan Hoerner			Treasurer Name		
Street Address 17 Candle Dr.			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
Director Name Renee' Brissette			Director Name Fr. Giacomo Capoverdi		
Street Address 35 Fordson Ave.			Street Address 111 High St.		
City Cranston	State RI	Zip 02910	City Westerly	State RI	Zip 02891
Director Name Agnes Chretien			Director Name Carol Hottenrot		
Street Address 966 A Hope St. Apt. 102			Street Address 9 Brooks Ave.		
City Providence	State RI	Zip 02906	City Newport	State RI	Zip 02840
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		N/A			
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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.					
Name of Authorized Representative Renee' Brissette				Date 6/1/2023	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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Website: www.sos.ri.gov