RI SOS Filing Number: 202446486530 Date: 2/7/2024 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024

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					
0000515224	All Saints	All Saints Parish, Woonsocket, Rhode Island				
3. State of Incorporation			er of business conducted in Rhode Isla	and		
RI	non-profit, re	non-profit, religious, charitable				
4. NAICS Code						
813110						
6. Principal Office Address			City	State	Zıp	
1200 Mendon Road			Woonsocket	RI	02895	
7. List ALL officers (names and add				box to indicate an at		
President Name Most Rev. Richard G. Henning				Vice-Pres dent Name Rev. Msgr. Albert A. Kenney		
Street Address One Cathedral Square				Street Address One Cathedral Square		
^{City} Providence	State RI	^{Zip} 02903	City Providence	S:ate RI	^{Z₁p} 02903	
Secretary Name Rev. Ryan J. Krocka-Simas			Treasurer Name Rev. Ryan J. K	Treasurer Name Rev. Ryan J. Krocka-Simas		
Street Address 1200 Mendon Road				Street Address 1200 Mendon Road		
^{City} Woonsocket	State RI	^{Zip} 02895	City Woonsocket	State RI	^Z p 02895	
8. List ALL directors (names and ad	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. Richard G. Henney			Director Name Rev. Msgr. Albe			
Street Address One Cathedral Square				Street Address One Cathedral Square		
^{City} Providence	State RI	^{Zip} 02903	^{C ty} Providence	State RI	^{Zip} 02895	
Director Name Rev. Ryan J. Krocka-Simas			Director Name Julien P. Ayotte	Director Name Julien P. Ayotte		
Street Address 1200 Mendon R			Street Address 107 Old River Road Unit 88			
^{City} Woonsocket	State RI	^{Zip} 02895	C ty Lincoln	State RI	Zip 02865	
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.						
		Secretary, Assistant Sei	cretary, Treasurer, duly Authorized Representati	ive Receiver or Trustee	,	
Name of Officer/Authorized Representative				Date		
Rev. Ryan J. Krocka-Simas				02/06/2024		
Signature of Officer/Authorized Representative						

MAIL TO: Division of Business Services

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

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

0000515224 All Saints Parish, Woonsocket, Rhode Island

ADDITIONAL DIRECTOR

Edwin Burke

52 Hillsdale Street

Woonsocket, RI 02895

EILED