RI SOS Filing Number: 202446558390 Date: 2/8/2024 4:00:00 PM

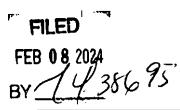


State of Rhode Island **Department of State - Business Services Division**

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.	'	BY	4 - /
1. Entity ID Number	2. Exact name of the Corporation				
000029232	CHurch of Saint Vincent de Paul, Anthony Rhode Island				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	To care for the spiritual needs of the people of our parish.				
4. NAICS Code				•	
813110Religious Organis				I	
6. Principal Office Address			City	State	Zip
6 Saint Vincent de Paul Street			Coventry	RI	02816
7. List ALL officers (names and add				he box to indicate a	
President Name Most Rev. Richard G. Henning			Vice-President Name Rev. MSGR. Albert A. Kenny		
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. Jacek Ploch			Treasurer Name Rev. Jacek Ploch		
Street Address 6 Saint Vincent de Paul Street			Street Address 6 Saint Vincent de Paul Street		
^{City} Coventry	State RI	^{Zip} 02816	^{City} Coventry	State RI	Zip 02816
8. List ALL directors (names and ad	ddresses). RI Con	porations MUST I		the box to indicate a	n attachment
Director Name Most Rev. Richa	ard G. Hennin	g	Director Name Rev. MSGR. Albert A. Kenny		
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. Jacek Ploc	ch	.d .	Director Name Joseph Bergeron		
Street Address 6 Saint Vincent de Paul Street			Street Address 7 Yates Avenue		
^{City} Coventry	State RI	^{Zip} 02816	City Coventry	State RI	Zip 02816
9. The Registered Agent informatio	n of record with th	ne RI Department	of State is accurate. Changes requ	ire filing Form 641	
Under penalty of perjury, I declar statements, and that all statemen			d this report, including any accord correct.	npanying sched	ules and
			ecretary, Treasurer, duly Authorized Represen	tative, Receiver or Tru.	stee
Name of Officer/Authorized Representative				Date	
Rev. Jacek Ploch				2-05-2024	
Signature of Officer/Authorized Rep	presentative				

Division of Business Services

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

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