




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.

FILED
FEB 08 2024
BY 1438695

1. Entity ID Number 000029232		2. Exact name of the Corporation CHurch of Saint Vincent de Paul, Anthony Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To care for the spiritual needs of the people of our parish.			
4. NAICS Code 813110Religious Organis					
6. Principal Office Address 6 Saint Vincent de Paul Street			City Coventry	State RI	Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Most Rev. Richard G. Henning			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 Ploch			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 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. Jacek Ploch				Date 2-05-2024	
Signature of Officer/Authorized Representative 					

MAIL TO:
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