RI SOS Filing Number: 202446519940 Date: 2/8/2024 4:00:00 PM

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

al 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 00028274	2. Exact name of the Corporation  Mary, Mother of Mankind Church Corporation				
3. State of Incorporation Rhode Island	Brief description of the character of business conducted in Rhode Island     Roman Catholic Church				
4. NAICS Code 813110	1				
6. Principal Office Address 25 Fourth Street			City North Providence	State RI	Zip 02911
7. List ALL officers (names and ac	idresses)		Check	the box to indicate a	ın attachment 🔲
President Name Most Rev. Richard G. Henning			Vice-President Name Rev. Msgr. Albert A. Kenney		
Street Address One Cathedral Square			Street Address One Cathedral Square		
<sup>City</sup> Providence	State RI	<sup>7ip</sup> 02903	City Providence	State RI	Zip 02903
Socretary Name Rev. TJ Varghese			Treasurer Name Rev. TJ Varghese		
Street Address 25 Fourth Street			Street Address 25 Fourth Street		
<sup>C ty</sup> North Providence	State RI	<sup>Zip</sup> 02911	City North Providence	State RI	<sup>Ziρ</sup> 02911
8. List ALL directors (names and a	addresses). RI C	Corporations MUST I		the how to indicate	
Director Name Most Rev. Richard G. Henning			Oirector Name Rev. Msgr. Albert A. Kenney		
Street Address One Cathedral Square			Street Address One Cathedral Square		
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02903	City Providence	State RI	<sup>Zip</sup> 02903
Director Name Rev. TJ Varghese			Director Name Valentino Lombardi		
Street Address 25 Fourth Street			Street Address 43 Hunter Run		
<sup>C·ty</sup> North Providence	State RI	<sup>Zip</sup> 02911	City North Providence	State RI	<sup>Z<sub>ip</sub></sup> 02911
9. The Registered Agent informati	ion of record with	h the RI Department	of State is accurate. Changes requ	ire filing Form 64	
Under penalty of perjury, I decided the statements, and that all statements.			d this report, including any acco	mpanying sched	lules and
This report must be signed by either the Pri	esident, Vice-Preside	ent, Secretary, Assistant S	ecretary, Treasurer, duly Authorized Represe	ntative, Receiver or Tri	islee
Name of Officer/Authorized Representative				Date	
Rev. TJ Varghese				02/05/2024	
Signature of Officer/Authorized Re	epresentative			· ·	

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov · ID28274

Mary Mother of Mankind Church Corporation

Additional Director:

Mary Igoe

26 Orchard Avenue

Greenville, RI 02828

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