



State of Rhode Island  
Department of State - Business Services Division

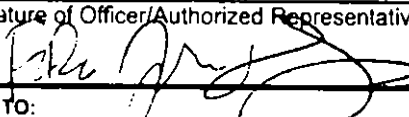
Annual Report for the year: 2024

MAR 08 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.

245000

1. Entity ID Number 000030831		2. Exact name of the Corporation Saint Pius Church, Providence, Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Catholic Church			
4. NAICS Code 813110					
6. Principal Office Address 240 Eaton Street			City Providence	State RI	Zip 02908
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Fr. John Devaney			Treasurer Name Fr. John Devaney		
Street Address 240 Eaton Street			Street Address 240 Eaton St.		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Most Rev. Richard G. Henning			Director Name Rev. Msgr. Albert A. Kenney		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Fr. John Devaney			Director Name William Bastan		
Street Address 240 Eaton Street			Street Address 46 Lyndhurst Ave.		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <b>Fr. John Devaney, Treasurer &amp; Secretary</b>				Date <b>2/27/24</b>	
Signature of Officer/Authorized Representative 				Date <b>3/4/24</b>	

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov