



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

**Annual Report for the year: 2024
Non-Profit Corporation**

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- 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 78700		2. Exact name of the Corporation The Diocese of Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious Organization			
4. NAICS Code 813110					
6. Principal Office Address 275 North Main Street			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name W. Nicholas Knisely			Vice-President Name Edward E. Biddle		
Street Address 120 Cold Spring Lane			Street Address 7 Barnes Street		
City North Kingstown	State RI	Zip 02852	City Providence	State RI	Zip 02906
Secretary Name Kristin Knudson			Treasurer Name Victoria Escalera		
Street Address 64 Cypress Street, Unit 1			Street Address 64 Deer Trail Road		
City Providence	State RI	Zip 02906	City Wakefield	State RI	Zip 02879
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 Phyllis Spaziano			Director Name Robert Fye		
Street Address 60 Hawthorne Place, Apt. 27			Street Address 603 Paradise Avenue		
City North Providence	State RI	Zip 02904	City Middletown	State RI	Zip 02842
Director Name Margaret Clifton			Director Name		
Street Address 571 Main Road			Street Address		
City Exeter	State RI	Zip 02822	City	State	Zip
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 Joan T. DeCelles				Date 3/18/24	
Signature of Officer/Authorized Representative 					

MAIL TO:
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 Website: www.sos.ri.gov