



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

FILED

MAR 25 2024

BY 30915

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.

1. Entity ID Number 000053918	2. Exact name of the Corporation Saint Anthony's Church Corporation, River Point		
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Roman Catholic Church		
4. NAICS Code 813110			

6. Pnncipal Office Address 10 Sunset Avenue	City West Warwick	State RI	Zip 02893
--	----------------------	-------------	--------------

7. List ALL officers (names and addresses) Check the box to indicate an 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		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Joan Y. Ray			Treasurer Name Rev. Brian J. Morris		
Street Address 45 Spencer Street			Street Address 10 Sunset Avenue		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. (turn over) Check the box to indicate an attachment

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 Joan Y. Ray			Director Name Rev. Brian J. Morris		
Street Address 45 Spencer Street			Street Address 10 Sunset Avenue		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative Rev. Brian J. Morris	Date 3/21/24
---	-----------------

Signature of Officer/Authorized Representative

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