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**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

1. Entity ID Number 28832	2. Exact name of the Corporation Our Lady of Peace Retreat House		
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island Religious, charitable and educational activities.		
4. NAICS Code 813110			
6. Principal Office Address One Cathedral Square		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 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 Rev. Timothy D. Reilly		Treasurer Name Most Rev. Richard G. Henning	
Street Address One Cathedral Square		Street Address One Cathedral Square	
City Providence	State RI	Zip 02903	City Providence
			State RI
			Zip 02903
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. 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 Rev. Timothy D. Reilly		Director Name	
Street Address One Cathedral Square		Street Address	
City Providence	State RI	Zip 02903	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 Rev. Timothy D. Reilly, Secretary			Date 4/5/24
Signature of Officer/Authorized Representative 			FILED
			APR 09 2024
			BY ML 75834

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov