RI SOS Filing Number: 202450528800 Date: 4/9/2024 4:00:00 PM



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

Annual Report for the year: 2024

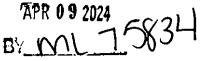
Non-Profit Corporation → Filing period: February 1 - May 1

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→ Filing Fee \$20.00 → Penalty: Additional \$25.00 fee if	form is not filed by	May 31.		2			
1. Entity ID Number 27786	2. Exact name of the Corporation Saint Antoine Residence						
3 State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Religious, charitable and educational activities.						
4. NAICS Code					į		
813110			-				
6. Principal Office Address One Cathedral Square				State RI	Zip 02903		
7. List ALL officers (names and add		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	^{Ζ_{ιρ}} 02903		
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							
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 Rev. Msgr. George L. Frappier				
Street Address One Cathedral Square			Street Address One Cathedral Square				
^{City} Providence	Slate RI	^{Zip} 02903	City Providence	State RI	Zip 02903		
9. The Registered Agent informatio	n of record with th	e RI Department o	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 Trustile							
Name of Officer/Authorized Representative Rev. Timothy D. Reilly, Secretary							
Signature of Officer/Abthorized Representative							
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MAIL TO:	1		FILLU				

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

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



27786

ADDITIONAL OFFICER:

Assistant Treasurer

Laura Dos Santos One Cathedral Square Providence, Rl 02903

ADDITIONAL DIRECTORS:

James Jahnz One Cathedral Square Providence, RJ 02903

Laura Dos Santos One Cathedral Square Providence, RJ 02903