RI SOS Filing Number: 202450539310 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

→ Filing Fee \$20.00 → Penalty: Additional \$25.00 fee if	form is not filed by	<b>May</b> 31		<u> </u>			
1 Entity ID Number 28553	2 Exact name of the Corporation St. Anne's Church, Cranston, Rhode Island						
3 State of Incorporation Rhode Island	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 add			Check the	box to indicate an at	ttachment		
President Name Most Rev. Richard G. Henning			Vice-President Name Rev. Msgr. Albert A. Kenney				
	Address One Cathedral Square			Street Address One Cathedral Square			
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02903	<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02903		
Secretary Name Rev. Timothy I	D. Reilly	Reilly Treasurer Name Most Rev. Richard G. Henning					
Street Address One Cathedral Square			Street Address One Cathedral Square				
<sup>City</sup> Providence	State RI	<sup>Zip</sup> 02903	City Providence	State RI	<sup>Z<sub> p</sub></sup> 02903		
8. List ALL directors (names and ad	ldresses). RI Corp	orations MUST lis		e box to indicate an a	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				
<sup>Cily</sup> Providence	State RI	<sup>Zip</sup> 02903	<sup>City</sup> Providence	State RI	Zip 02903		
Director Name Rev. Timothy D			Director Name Velia Lisi				
Street Address One Cathedral Square		Street Address One Cathedral Square					
City Providence	State RI	<sup>Zip</sup> 02903	City Providence	State RI	Zip 02903		
9. The Registered Agent information	n of record with th	e RI Department o	of State is accurate. Changes require	filing Form 641.			
Under penalty of perjury, I declar statements, and that all statemen			I this report, including any accomp correct.	anying schedule	s and		
This report must be signed by either the Pres	ident, Vice-President, S	Secretary, Assistant Se	cretary, Treasurer, duly Authonzed Representat	ive, Receiver or Trustee	;		
Name of Officer/Authorized Representative					-17/1		
Rev. Timothy D. Reilly, Secretary							
Signature of Officer/Authorized Rep	nesentative		FILED	ı	1 (		
MAU TO:	<del>- (</del>		APR 11 9 2024	<del></del>			

Division of Business Services

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

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

## ADDITIONAL DIRECTOR:

Paula Mollo One Cathedral Square Providence, RI 02903