



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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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 29183	2. Exact name of the Corporation Society for the Propagation of Faith, Diocese of Providence		
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 checked="" 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	City Providence	State RI
Zip 02903		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	City Providence	State RI
Zip 02903		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	City Providence	State RI
Zip 02903		Zip 02903	
Director Name Rev. Timothy D. Reilly		Director Name Rev. Francesco Francese	
Street Address One Cathedral Square		Street Address One Cathedral Square	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
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 for Trustee</i>			
Name of Officer/Authorized Representative Rev. Timothy D. Reilly, Secretary			Date 4/5/24
Signature of Officer/Authorized Representative 			FILED

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

APR 09 2024
BY ML 75834

Society for the Propagation of the Faith, Diocese of Providence

29183

ADDITIONAL OFFICER:

Assistant Treasurer

Rev. Francesco Francese
One Cathedral Square
Providence, RI 02903