



State of Rhode Island  
Department of State - Business Services Division

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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<br><b>30838</b>  |                 | 2 Exact name of the Corporation<br><b>Saint Raphael's Industrial Home and School</b>  |  |                    |  |
| 3 State of Incorporation<br><b>Rhode Island</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>Religious, charitable and educational activities.</b> |  |                    |  |
| 4. NAICS Code<br><b>813110</b>  |                 |   |  |                    |  |
| 6. Principal Office Address<br><b>One Cathedral Square</b>  |                 |   | City<br><b>Providence</b>                              | State<br><b>RI</b> | Zip<br><b>02903</b>                                      |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                 |   |  |                    |  |
| President Name <b>Most Rev. Richard G. Henning</b>  |                 |   | Vice-President Name <b>Rev. Msgr. Albert A. Kenney</b> |                    |  |
| Street Address <b>One Cathedral Square</b>  |                 |   | Street Address <b>One Cathedral Square</b>             |                    |  |
| City <b>Providence</b>  | State <b>RI</b> | Zip <b>02903</b>  | City <b>Providence</b>                                 | State <b>RI</b>    | Zip <b>02903</b>   |
| Secretary Name <b>Rev. Timothy D. Reilly</b>  |                 |   | Treasurer Name <b>Most Rev. Richard G. Henning</b>     |                    |  |
| Street Address <b>One Cathedral Square</b>  |                 |   | Street Address <b>One Cathedral Square</b>             |                    |  |
| City <b>Providence</b>  | State <b>RI</b> | Zip <b>02903</b>  | City <b>Providence</b>                                 | State <b>RI</b>    | Zip <b>02903</b>   |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |   |  |                    |  |
| Director Name <b>Most Rev. Richard G. Henning</b>   |                 |   | Director Name <b>Rev. Msgr. Albert A. Kenney</b>       |                    |  |
| Street Address <b>One Cathedral Square</b>  |                 |   | Street Address <b>One Cathedral Square</b>             |                    |  |
| City <b>Providence</b>  | State <b>RI</b> | Zip <b>02903</b>  | City <b>Providence</b>                                 | State <b>RI</b>    | Zip <b>02903</b>   |
| Director Name <b>Rev. Timothy D. Reilly</b>   |                 |   | Director Name  |                    |  |
| Street Address <b>One Cathedral Square</b>  |                 |   | Street Address   |                    |  |
| City <b>Providence</b>  | State <b>RI</b> | Zip <b>02903</b>  | City   | State              | Zip  |
| 9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.   |                 |   |  |                    |  |
| <b>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.</b>       |                 |   |  |                    |  |
| <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<br><b>Rev. Timothy D. Reilly, Secretary</b>   |                 |   |  |                    | Date<br><b>4/5/24</b>                                    |
| Signature of Officer/Authorized Representative<br>  |                 |   |  |                    | <b>FILED</b><br><b>APR 09 2024</b><br><b>BY ML 15834</b> |

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