



State of Rhode Island
Department of State - Business Services Division

FILED

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.

APR 15 2024
BY [Signature]

1. Entity ID Number 30240		2. Exact name of the Corporation Saint Luke's Church Corporation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious Education			
4. NAICS Code 813110 - Religious					
6. Principal Office Address 108 Washington Road			City Barrington	State RI	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Most Rev. Richard 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 Rev. Timothy D. Reilly		
Street Address 108 Washington Road			Street Address 108 Washington Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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 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 David Loftus		
Street Address 108 Washington Road			Street Address 1580 Wampanoag Tr., Unit 20		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Rev. Timothy D. Reilly					Date 04/9/2024
Signature of Officer/Authorized Representative <u>[Signature]</u>					<u>[Signature]</u>

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