RI SOS Filing Number: 202452699580 Date: 4/23/2024 4:00:00 PM

City CRANSTON

•	R. C. Section

RΙ

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

FILFD

Annual Report for the year: 2024

**Non-Profit Corporation** 

Filing period February 1 - May 1

→ Filing Fee \$20.00

1 Entity ID Number

000030356

4. NAICS Code 813110

3 State of Incorporation

6. Principal Office Address

City PROVIDENCE

City CRANSTON

City PROVIDENCE

City CRANSTON

1525 CRANSTON STREET

7. List ALL officers (names and addresses)

President Name BISHOP RICHARD HENNING

Street Address ONE CATHEDRAL SQUARE

Secretary Name REV. MICHAEL SISCO

Street Address 1525 CRANSTON STREET

State RI

8 List ALL directors (names and addresses). RI Corporations MUST list at I

Director Name MOST REV. RICHARD G. HENNING

Street Address ONE CATHEDRAL SQUARE

Street Address 1525 CRANSTON STREET

Penalty Additional \$25.00 fee if form is not filed by May 31.

			APR 2 3	2024	
orm is not filed by	<b>May 31</b> .		BY	200	
2 Exact name o SAINT MA	·	RCH, CRANSTON			
5. Brief description	on of the characte	r of business conducted in Rhode Isl	and		
RELIGIOUS	NON-PROFI	Т			
J		City CRANSTON	State RI	Zıp 02920	
esses)			box to indicate an		
ARD HENNING		Vice-President Name REV.MSGR.ALBERT KENNEY			
AL SQUARE		Street Address ONE CATHEDRAL SQUARE			
State RI	<sup>Zip</sup> 02903	City PROVIDENCE	State RI	<sup>Z<sub>10</sub></sup> 02903	
SISCO		Treasurer Name REV.MICHAEL SISCO			
N STREET		Street Address 1525 CRANSTON STREET			
State RI	<sup>Zip</sup> 02920	City CRANSTON	State RI	Z <sup>ip</sup> 02920	
dresses). RI Corp	porations MUST lis	it at least THREE directors Check this	e box to indicate ar	attachment 🗸	
HARD G. HENNING		Director Name REV.MSGR ALBERT A KENNEY			
RAL SQUARE		Street Address ONE CATHEDRAL SQUARE			
State RI	<sup>Zip</sup> 02903	City CRANSTON	State RI	<sup>Ζιρ</sup> υΖυυυ	
SISO		Director Name LINDA GEREMIA			
N STREET		Street Address 24 WEBBER AVENUE			

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 541

<sup>Zip</sup> 02920

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 Trustee

Name of Officer/Authorized Representative

Director Name REV. MICHAEL SISO

Date

State RI

**REV.MICHAEL SISCO** Signature of Officer/Authorized Representative

04/17/2024

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov Zip 02920

SAINT MARY'S CHURCH, CRANSTON

**CORPORATE ID: 000030356** 

ADDITIONAL DIRECTOR:

ROBERT PIRRAGLIA

70 SOUTH STREET

CRANSTON, RI 02920

FILED APR 2 3 20%

ву