RI SOS Filing Number: 202454503740 Date: 5/3/2024 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:

2024

MAY 0 3 2024 12306

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,

					
Entity ID Number	2. Exact name of the Corporation				
000029048	CHURCH OF OUR LADY OF CONSOLATION RHODE ISLAND				
State of Incorporation	Brief description of the character of business conducted in Rhode Island				
RHODE ISLAND	ROMAN CATHOLIC CHURCH				
4. NAICS Code					
813110 - Religious Organizations	<u></u>				
6. Principal Office Address			City	State	Zip
195 WALCOTT STREET			PAWTUCKET	RI	02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
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	^{7_{IP}} 02903	City PROVIDENCE	State RI	^{Zip} 02903
Secretary Name REV. JOSEPH F. CRADDOCK			Treasurer Name REV. JOSEPH F. CRADDOCK		
Street Address 195 WALCOTT STREET			Street Address 195 WALCOTT STREET		
City PAWTUCKET	State RI	^{Zip} 02860	City PAWTUCKET	State RI	^{Zip} 02860
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an 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		
C ty PROVIDENCE	State RI	^{Zıp} 02903	City PROVIDENCE	State RI	^{Ζιρ} 02903
Director Name REV. JOSEPH F. CRADDOCK			Director Name MR. STEPHEN KILMARTIN		
Street Address 195 WALCOTT STREET			Street Address 284 WOODHAVEN ROAD		
City PAWTUCKET	State RI	^{Zıp} 02860	City PAWTUCKET	State RI	^{Zip} 02860
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasumer, duly Authorized Representative, Receiver or Trustae					
Name of Officer/Authorized Representative				Date	
Key Joseph Candlock				05/01/2024	
Signature of Officer/Authorized Representative					

MAIL TO:

Division of Business Services

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

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

FORM 631 - Revised: 11/2021

LEGAL TITLE OF CORPORATION

CHURCH OF OUR LADY OF CONSOLATION RHODE ISLAND 195 WALCOTT STREET PAWTUCKET, RI 02860

ADDITIONAL DIRECTOR:

Lay Trustee:

PATRICIA MARTINEZ 142 OAKLAND AVENUE PAWTUCKET, RI 02861