



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

**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.

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1. Entity ID Number 000028987		2. Exact name of the Corporation Church of the Holy Name of Jesus at Providence, Rhode Island			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Roman Catholic Church			
4. NAICS Code 813110					
6. Principal Office Address 99 Camp Street			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input 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	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Mark Berardo			Treasurer Name Rev. Lazarus Onuh		
Street Address 131 Woody Hill Road			Street Address 99 Camp St		
City Westerly	State RI	Zip 02808	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" 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	Zip 02903	City Providence	State RI	Zip 02903
Director Name Rev. Lazarus Onuh			Director Name Mark Berardo		
Street Address 99 Camp St.			Street Address 131 Woody Hill Road		
City Providence	State RI	Zip 02906	City Westerly	State RI	Zip 02808
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 or Trustee</i>					
Name of Officer/Authorized Representative Rev. Lazarus Onuh				Date 4/24/24	
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.ri.gov

Entity ID #000028987

Church of the Holy Name of Jesus at Providence, Rhode Island

DIRECTOR:

Nkolika Onye

74 Pearson St.

Pawtucket, RI 02893



State of Rhode Island
Department of State - Business Services Division

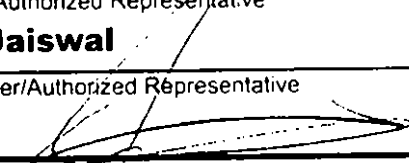
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39090⁰²

1. Entity ID Number 001760955		2. Exact name of the Corporation India Study Circle			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To promote the study and research of stamps and postal history of India and its neighboring countries			
4. NAICS Code					
6. Principal Office Address 22 Denver Street			City Pawtucket	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 Sandeep Jaiswal			Director Name Paul Alien		
Street Address PO Box 8689			Street Address 200 St Andrews Dr		
City Cranston	State RI	Zip 02920	City Farragut	State TN	Zip 37934
Director Name Danforth Walker			Director Name		
Street Address 34201 Abingdon Ct			Street Address		
City University Park	State FL	Zip 34201	City	State	Zip
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 Sandeep Jaiswal					Date 4-30-24
Signature of Officer/Authorized Representative 					

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