



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

FILED

Annual Report for the year: 2024

Non-Profit Corporation

MAY 10 2024
BY 24598

- 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 29390	2. Exact name of the Corporation Saint Francis's Church
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 114 High St.	City Wakefield	State RI	Zip 02879
--	--------------------------	--------------------	---------------------

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 Rev. Albert Ranallo			Treasurer Name Rev. Albert Ranallo		
Street Address 114 High Street			Street Address 114 High Street		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879

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 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. Albert Ranallo			Director Name L. Peter Sheehan		
Street Address 114 High Street			Street Address 330 Bittersweet Farm Way		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879

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, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative <i>Rev. Albert D. Ranallo</i>	Date <i>5/8/24</i>
Signature of Officer/Authorized Representative <i>Rev. Albert D. Ranallo</i>	

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

FORM 631

ATTACHMENT

St. Francis's Church

114 High St.

Wakefield, RI 02879

Additional Director:

Pat Lessard

76 Woodmans Trail

Wakefield, RI 02879

FILED

MAY 10 2024

BY

24598
DS