RI SOS Filing Number: 202454804810 Date: 5/23/2024 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual	Report	for the	year:	2024
Non-Pro	ofit Čor	poratio	n '	

→ Filing period: February 1 - May 1 → Filing Fee: \$20.00

→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee	if form is not filed by	May 31.		\sim (
1. Entity ID Number 000026771	2. Exact name of the Corporation IMMACULATE CONCEPTION CHURCH CORP., CRANSTON						
State of Incorporation RHODE ISLAND	Brief description of the character of business conducted in Rhode Island ROMAN CATHOLIC CHURCH AND SCHOOL						
4 NAICS Code 813110							
6 Principal Office Address 237 GARDEN HILLS DR			City CRANSTON	State RI	Zip 02920		
7. List ALL officers (names and ac	ddresses)		Check the	e box to indicate an	attachment		
President Name MOST REV. RICHARD HENNING			Vice-President Name REV. MSGR. ALBERT KENNEY				
Street Address ONE CATHEDRAL SQUARE			Street Address ONE CATHEDRAL SQUARE				
City PROVIDENCE	State RI	^{Zip} 02903	City PROVIDENCE	State RI	^{Zip} 02920		
Secretary Name JAMES SOUZA			Treasurer Name REV. EDWARD J. WILSON, JR.				
Street Address 121 WALKER ST			Street Address 237 GARDEN HILLS DR				
City SEEKONK	State MA	^{Zip} 02771	City CRANSTON	State RI	Zip 02920		
8. List ALL directors (names and a	addresses). RI Con	porations MUST I		ne box to indicate a	n attachment		
Director Name MOST REV. RICHARD HENNING			Director Name REV. MSGR, ALBERT KENNEY				
Street Address ONE CATHEDRAL SQUARE			Street Address ONE CATHEDRAL SQUARE				
City PROVIDENCE	State RI	^{Zip} 02903	City PROVIDENCE	State RI	ZIP UŽ SU S		
Director Name REV. EDWARD J. WILSON, JR.			Director Name MR. JAMES SOUZA				
Street Address 237 GARDEN HILLS DR			Street Address 121 WALKER ST				
City CRANSTON	State RI	^{Zip} 02920	City SEEKONK	State MA	Zip 02771		
9. The Registered Agent informati	on of record with th	ne RI Department	of State is accurate. Changes requir	e filing Form 641			
Under penalty of perjury, I declar statements, and that all stateme			d this report, including any accom I correct.	panying schedu	ıles and		
This report must be signed by either the Pri	esident, Vice-President,	Secretary, Assistant S	ecretary, Treasurer, duly Authorized Representa	ative, Receiver or Trus	itee		
Name of Officer/Authorized Representative				Date			
REV. EDWARD J. WILSON, JR.					4		
Signature of Officer/Authorized Re	presentative						

MAIL TO:

Division of Business Services

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

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