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# Noncommercial Broadcast Stations Biennial Ownership Report (FCC Form 323-E)

File Number: **0000163472** | Submit Date: **2021-10-12** | FRN: **0014286207**  
Purpose: **Noncommercial Broadcast Stations Biennial Ownership Report** | Status: **Received** | Status Date: **10/25/2021**  
Filing Status: **Active**

Section I - General Information

1. Respondent

FRN		Entity Name			
0014286207		Providence College			

  

Street Address	City (and Country if non U.S. address)	State ("NA" if non-U.S. address)	Zip Code	Phone	Email
1 Cunningham Square	Providence	RI	02918	+1 (401) 865-2774	cneronha@providence. edu

2. Contact  
Representative

Name		Organization			
Cary S. Tepper		Tepper Law Firm, LLC			

  

Street Address	City (and Country if non U.S. address)	State	Zip Code	Phone	Email
4900 Auburn Avenue Suite 100	Bethesda	MD	20814-2632	+1 (301) 718-1818	tepperlaw@aol.com

3. Application  
Filing Fee

Not Applicable

4. Control of  
Respondent

(a) Provide the following information about the Respondent:	
Relationship to stations/permits	Licensee
Is the Respondent's governing board (or other governing entity) directly or indirectly under the control of another entity?	No

  

(b) Provide the following information about this report:	
Purpose	Biennial
"As of" date	10/01/2021  When filing a biennial ownership report or validating and resubmitting a prior biennial ownership report, this date must be Oct. 1 of the year in which this report is filed.

5. Licensee(s)

and Station(s)

Respondent is filing this report to cover the following Licensee(s) and station(s):

Licensee/Permittee Name			FRN	
Providence College			0014286207	

Fac. ID No.	Call Sign	City	State	Service
53676	WDOM	PROVIDENCE	RI	FM

Section II – Biennial Ownership Information

1. 47 C.F.R. Section 73.3613 Documents

Licensee Respondents that hold authorizations for one or more full power television, AM, and/or FM stations should list all contracts and other instruments set forth in 47 C.F.R. Section 73.3613(a) through (c) for the facility or facilities listed on this report. If the agreement is a network affiliation agreement, check the appropriate box. Otherwise, select “Other.” Non-Licensee Respondents should select “Not Applicable” in response to this question.

Not Applicable.

2. Ownership Interests

(a) Ownership Interests. This Question requires Respondents to enter detailed information about ownership interests by generating a series of subforms. Answer each question on each subform. The first subform listing should be for the Respondent itself. If the Respondent is not a natural person, also list each of the officers, members of the governing board (or other governing entity), stockholders, and any other persons or entities with a direct attributable interest in the Respondent pursuant to the standards set forth in 47 C.F.R. Section 73.3555. (A “direct” interest is one that is not held through any intervening companies or entities.) List each interest holder with a direct attributable interest in the Respondent separately.

Leave the percentage of total assets (Equity Debt Plus) field blank for an interest holder unless that interest holder has an attributable interest in the Respondent solely on the basis of the Commission’s Equity Debt Plus attribution standard, 47 C.F.R. Section 73.3555, Note 2(i).

In the case of vertical or indirect ownership structures, list only those interests in the Respondent that also represent an attributable interest in the Licensee(s) for which the report is being submitted.

Entities that are part of an organizational structure that includes holding companies or other forms of indirect ownership must file separate ownership reports. In such a structure do not report, or file a separate report for, any interest holder that does not have an attributable interest in the Licensee(s) for which the report is being submitted.

Please see the Instructions for further detail concerning interests that must be reported in response to this question.

The Respondent must provide an FCC Registration Number for each interest holder reported in response to this question. Please see the Instructions for detailed information and guidance concerning this requirement.

Ownership Information		
FRN	0014286207	
Entity Name	Providence College	
Address	PO Box	
	Street 1	1 Cunningham Square
	Street 2	
	City	Providence
	State ("NA" if non-U.S. address)	RI
	Zip/Postal Code	02918
	Country (if non-U.S. address)	United States
Listing Type	Respondent	
Positional Interests (check all that apply)	Respondent	

Tribal Nation or Tribal Entity	Interest holder is not a Tribal nation or Tribal entity		
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	0.0%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information			
FRN	9990119779		
Name	Rev. Kenneth Sicard, OP.		
Address	PO Box		
	Street 1	Providence College	
	Street 2	Dominic House	
	City	Providence	
	State ("NA" if non-U.S. address)	RI	
	Zip/Postal Code	02918	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	President, Providence College		
By Whom Appointed or Elected	Appointed by the governing board		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	00.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?			No

Ownership Information			
FRN	9990136602		
Name	Rev. James Cuddy, O.P.		

Address	PO Box		
	Street 1	Providence College	
	Street 2	Priorty of St. Thomas Aquinas	
	City	Providence	
	State ("NA" if non-U.S. address)	RI	
	Zip/Postal Code	02918	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Providence College Administrator		
By Whom Appointed or Elected	Appointed by the President		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information		
FRN	9990136603	
Name	Christopher Neronha	
Address	PO Box	
	Street 1	98 East Shore Road
	Street 2	
	City	Jamestown
	State ("NA" if non-U.S. address)	RI
	Zip/Postal Code	02835
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	

<b>Positional Interests</b> (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
<b>Principal Profession or Occupation</b>	Vice President and General Counsel, Providence College		
<b>By Whom Appointed or Elected</b>	Appointed by the President		
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US	
	<b>Gender</b>	Male	
	<b>Ethnicity</b>	Not Hispanic or Latino	
	<b>Race</b>	White	
<b>Interest Percentages</b> (enter percentage values from 0.0 to 100.0)	<b>Voting</b>	14.3%	
	<b>Equity</b>	0.0%	
	<b>Total assets (Equity Debt Plus)</b>	0.0%	
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No	

Ownership Information		
<b>FRN</b>	9990136604	
<b>Name</b>	John Sweeney	
<b>Address</b>	<b>PO Box</b>	
	<b>Street 1</b>	32 Rodman Street
	<b>Street 2</b>	
	<b>City</b>	Narragansett
	<b>State ("NA" if non-U.S. address)</b>	RI
	<b>Zip/Postal Code</b>	02882
	<b>Country (if non-U.S. address)</b>	United States
<b>Listing Type</b>	Other Interest Holder	
<b>Positional Interests</b> (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
<b>Principal Profession or Occupation</b>	Providence College Administrator	
<b>By Whom Appointed or Elected</b>	Appointed by the President	
<b>Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)</b>	<b>Citizenship</b>	US
	<b>Gender</b>	Male
	<b>Ethnicity</b>	Not Hispanic or Latino
	<b>Race</b>	White
<b>Interest Percentages</b> (enter percentage values	<b>Voting</b>	14.3%

from 0.0 to 100.0)	<b>Equity</b>	0.0%
	<b>Total assets (Equity Debt Plus)</b>	0.0%
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No

Ownership Information		
FRN	9990142574	
Name	Ann Manchester-Molak	
Address	PO Box	
	Street 1	3 Spindrift Way
	Street 2	
	City	Barrington
	State ("NA" if non-U.S. address)	RI
	Zip/Postal Code	02806
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	
Principal Profession or Occupation	Providence College Administrator	
By Whom Appointed or Elected	Appointed by the President	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Female
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
<b>Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?</b>		No

Ownership Information		
FRN	9990142575	
Name	Dr. Sean Reid	
Address	PO Box	
	Street 1	78 Sugarbush Trail

	Street 2		
	City	Saunderstown	
	State ("NA" if non-U.S. address)	RI	
	Zip/Postal Code	02874	
	Country (if non-U.S. address)	United States	
Listing Type	Other Interest Holder		
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)		
Principal Profession or Occupation	Providence College Administrator		
By Whom Appointed or Elected	Appointed by the President		
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US	
	Gender	Male	
	Ethnicity	Not Hispanic or Latino	
	Race	White	
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%	
	Equity	0.0%	
	Total assets (Equity Debt Plus)	0.0%	
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No	

Ownership Information		
FRN	9990142576	
Name	Dr. Steven A. Sears	
Address	PO Box	
	Street 1	21 Hawthorne Drive
	Street 2	
	City	Seekonk
	State ("NA" if non-U.S. address)	MA
	Zip/Postal Code	02771
	Country (if non-U.S. address)	United States
Listing Type	Other Interest Holder	
Positional Interests (check all that apply)	Officer, Member of Governing Board (or other governing entity)	

Principal Profession or Occupation	Providence College Administrator	
By Whom Appointed or Elected	Appointed by the President	
Citizenship, Gender, Ethnicity, and Race Information (Natural Persons Only)	Citizenship	US
	Gender	Male
	Ethnicity	Not Hispanic or Latino
	Race	White
Interest Percentages (enter percentage values from 0.0 to 100.0)	Voting	14.3%
	Equity	0.0%
	Total assets (Equity Debt Plus)	0.0%
Does interest holder have an attributable interest in one or more broadcast stations that do not appear on this report?		No
(b) Respondent certifies that any interests, including equity, financial, or voting interests, not reported in this filing are non-attributable. If "No," submit as an exhibit an explanation.		Yes

(c) Is Respondent seeking an attribution exemption for any officer or director with duties wholly unrelated to the Licensee(s)?  If "Yes," complete the information in the required fields and submit an Exhibit fully describing that individual's duties and responsibilities, and explaining why that individual should not be attributed an interest.	No
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3. Organizational Chart (Licensees Only)

Attach a flowchart or similar document showing the Licensee’s vertical ownership structure including the Licensee and all entities that have attributable interests in the Licensee. Licensees with a single parent entity may provide a brief explanatory textual Exhibit in lieu of a flowchart or similar document. Licensees without parent entities should so indicate in a textual Exhibit.

**Non-Licensee Respondents should select “N/A” in response to this question.**

A vertical ownership structure exhibit is not required since the licensee does not have a parent entity.

Section III - Certification

Certification

Section	Question	Response
Authorized Party to Sign	WILLFUL FALSE STATEMENTS ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001), AND /OR REVOCATION OF ANY STATION LICENSE --OR CONSTRUCTION PERMIT (U.S. CODE, TITLE 47, SECTION 312(a)(1)), AND/OR FORFEITURE (U.S. CODE, TITLE 47, SECTION 503).	



<b>Certification</b>	I certify that I have examined this report and that to the best of my knowledge and belief, all statements in this report are true, correct and complete.	Official Title: <b>Vice President and General Counsel</b> Exact Legal Title or Name of Respondent: <b>Providence College</b> Name: <b>Christopher M. Neronha</b> Phone: <b>4018652774</b>  10/12/2021
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