



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2014**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000030216		2. Exact name of the Corporation St. Joseph's Roman Catholic Church of Pascoag			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island RELIGIOUS ORGANIZATION (TO CARE FOR THE SPIRITUAL WELL BEING OF THE PARISHIONERS.)			
5. Principal office address 183 Sayles Avenue		City Pascoag	State RI	Zip 02859	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Most Reverend Thomas J Tobin		Vice-President Name Most Reverend Robert C Evans			
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. Peter John Sheehan		Treasurer Name Rev. Peter John Sheehan			
Street Address 183 Sayles Avenue		Street Address 183 Sayles Avenue			
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Michael Franklin		Director Name John Lynes			
Street Address 167 Keach Pond Drive		Street Address 1635 East Wallum Lake Road			
City Chepachet	State RI	Zip 02814	City Pascoag	State RI	Zip 02859
Director Name Ann Fortin		Director Name William T Hunt			
Street Address 61 Pine Street		Street Address 12 Mill Pond Road			
City Pascoag	State RI	Zip 02859	City Harrisville	State RI	Zip 02830
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

FILED

File Date _____

Check No _____

By: _____

MAY 30 2014

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FOR SECRETARY OF STATE USE ONLY

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.

Rev. Peter John Sheehan 5/28/2014
 Signature of Officer or Authorized Representative Date

Rev. Peter John Sheehan
 Print or Type Name of Officer or Authorized Representative