

Revised: 04/2014

## 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.

1, Entity ID No.	2. Exact nar	2. Exact name of the Corporation				
30187	St. Josep	St. Joseph Church of Providence RI				
3. State of Incorporation	l l	Brief description of the character of business conducted in Rhode Island     Religious, Worship, Charitable, Educational				
Rhode Island		,p,				
5. Principal office address			City	State	Zip <b>02906</b>	
92 Hope Street			Providence	RI	02906	
6. LIST <u>ALL</u> OFFICERS	(NAMES AND ADDE	ESSES) ("X" BOX FO	RATTACHMENT)	ing langer seq		
President Name			Vice-President Name			
Thomas J. Tobin (Bishop of Providence)			Robert C. Evans (Auxiliary Bishop of Providence)			
Street Address			Street Address			
One Cathedrai Square			One Cathedral Square			
City	State	Zip	City	State	Zip	
Providence	RI	02903	Providence	RI	02903	
Secretary Name			Treasurer Name			
Rev. Msgr. Raymoı	nd Bastia		Rev. Msgr. Raymond Bastia			
Street Address			Street Address			
92 Hope Street			92 Hope Street			
City	State	Zip	City	State	Zip	
Providence	RI	02906	Providence	RI	02906	
7. LIST <u>ALL</u> DIRECTOR ("X" BOX FOR ATTAC		RESSES). RHODE IS	LAND CORPORATIONS MUST	LIST NO LESS THAN	THREE (3) DIRECTO	
Director Name			Director Name			
Rev. Msgr. Raymoi	nd Bastia		Mr. Robert Poirier			
Street Address			Street Address			
92 Hope Street			76 Arnold Street			
City	State	Zip	City	State	Zip	
Providence	RI	02906	Providence	RI	02906	
Director Name			Director Name			
Dr. Daniel Harrop III			Rev. Msgr. Raymond Bastia			
Street Address			Street Address			
204 Tabor Ave.			92 Hope Street			
City	State	Zip	City	State	Zip	
Providence	RI	02906	Providence	RI	02906	
8. REGISTERED AGENT	IN RHODE ISLAND		and the second s			
This information is curr	rently of record in th	e Office of the Secret	ary of State. Changes require fil	ing Form 641.		
This report must be signe or Trustee	d by either the Presid	ent, Vice-President, Se	ecretary, Assistant Secretary, Treas	surer, duly Authorized	Representative, Receiv	

	FILED	Under penalty of perjury, I declare and affirm that I have examined
File Date		this report, including any accompanying schedules and statements,  and that all statements contained herein are true and correct.
Check No	JUN 02 <b>2014</b>	I A D & Kat dalu
Ву:	20176	Signature of Officer of Authorized Representative Date
FOR SECRETARY OF STATE USE ONLY		Rev Maga. Raymond B. Bastia
Form No. 631		Print or Type Name of Officer or Authorized Representative