



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. 30187		2. Exact name of the Corporation St. Joseph Church of Providence RI			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Religious, Worship, Charitable, Educational			
5. Principal office address 92 Hope Street		City Providence		State RI	Zip 02906
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Thomas J. Tobin (Bishop of Providence)			Vice-President Name Robert C. Evans (Auxiliary Bishop of Providence)		
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. Msgr. Raymond Bastia			Treasurer Name Rev. Msgr. Raymond Bastia		
Street Address 92 Hope Street			Street Address 92 Hope Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Rev. Msgr. Raymond Bastia			Director Name Mr. Robert Poirier		
Street Address 92 Hope Street			Street Address 76 Arnold Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Dr. Daniel Harrop III			Director Name Rev. Msgr. Raymond Bastia		
Street Address 204 Tabor Ave.			Street Address 92 Hope Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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: _____

BY 20176

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 Msgr Raymond B Bastia 5/23/14
Signature of Officer or Authorized Representative Date

Rev Msgr Raymond B Bastia
Print or Type Name of Officer or Authorized Representative