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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 2015

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.	2. Exact name of the Corporation
30166	**St. Joseph's Church, Ashton, RI**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**To conduct the Roman Catholic Church**

5. Principal office address	City	State	Zip
1303 Mendon Road, (P.O. Box 7005)	**Cumberland**	**RI**	**02864**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Thomas J. Tobin (Bishop of Providence)	**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. Charles H. Galligan**	Treasurer Name: **Rev. Charles H. Galligan**
Street Address: **1303 Mendon Road (P.O. Box 7005)**	Street Address: **1303 Mendon Road (P.O. Box 7005)**
City: **Cumberland** State: **RI** Zip: **02864**	City: **Cumberland** State: **RI** Zip: **02864**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Rev. Charles H. Galligan	**Mr. Frank Champi**
Street Address: **1303 Mendon Road (P.O. Box 7005)**	Street Address: **16 Cedar Way**
City: **Cumberland** State: **RI** Zip: **02564**	City: **Cumberland** State: **RI** Zip: **02864**
Director Name: **Mrs. Therese Tougas**	Director Name:
Street Address: **44 Forestdale Drive**	Street Address:
City: **Cumberland** State: **RI** Zip: **02864**	City: State: Zip:

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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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. Charles H Galligan 5/14/15
Signature of ~~Officer or~~ Authorized Representative Date

Rev. Charles H. Galligan, Secretary/Treasurer
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
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