



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

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

1. Entity ID Number		2. Exact name of the Corporation			
00030216		St. Joseph's Roman Catholic Church of Pascoag, RI			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		Religious Organziation (To care for the spiritual well being of the parishioners.)			
5. Principal Office Address		City	State	Zip	
183 Sayles Avenue		Pascoag	RI	02859	
6. List ALL officers (names and addresses)		Check the box to indicate an 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 Squire			
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). RI Corporations MUST list at least THREE directors.		Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Michael Franklin		Director Name Mitchell Parkhurst			
Street Address 167 Keach Pond Drive		Street Address 78 Staghead Drive			
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 Department of State. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative				Date	
Rev. Peter John Sheehan				5/3/2016	
Signature of Officer/Authorized Representative					
Rev. Peter John Sheehan SIGN DOCUMENT HERE					

FILED

MAY 09 2016

BY KL 20843