



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

Annual Report for the year: 2017

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 JUN 27 AM 10:49

1. Entity ID Number 29176		2. Exact name of the Corporation Church of St. Josephs Geneva, Rhode Island	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Roman Catholic Church	
4. NAICS Code 813110 - Religious Organiza			
6. Principal Office Address Five Gibbs Street		City North Providence	State RI Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Most Reverend Thomas Tobin, Bishop of Providence		Vice-President Name Most Reverend Robert Evans, Auxillary Bishop	
Street Address One Cathedral Square		Street Address One Cathedral Square	
City Providence	State RI	City Providence	State RI
Zip 02903		Zip 02903	
Secretary Name Reverend Edward S. Cardente		Treasurer Name Reverend Edward S. Cardente	
Street Address Five Gibbs Street		Street Address Five Gibbs Street	
City North Providence	State RI	City North Providence	State RI
Zip 02904		Zip 02904	
8. 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 Reverend Edward S. Cardente		Director Name Ruth DeNinno	
Street Address Five Gibbs Street		Street Address 39 Alexander Street	
City North Providence	State RI	City North Providence	State RI
Zip 02904		Zip 02904	
Director Name Jorge Acosta		Director Name	
Street Address 11 George Street		Street Address	
City North Providence	State RI	City	State
Zip 02911		Zip	
9. 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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Reverend Edward S. Cardente			Date June 21, 2017
Signature of Officer/Authorized Representative <i>[Signature]</i>			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

JUN 27 2017

FORM 631 - Revised: 06/2017

BY 15391