RI SOS Filing Number:.201747082920 Date: 7/6/2017 4:00:00 PM

State of Rhode Island and Department of Sta			Division		
Annual Report for the year:  Non-Profit Corporation  → Filing period: June 1 - June 30  → Filing Fee: \$20.00  → Penalty: Additional \$25.00 fee if	2017	· · · · · · · · · · · · · · · · · · ·			R.I. DEPT. OF BUS SVC
1. Entity ID Number	2. Exact name of the Corporation				
000030216	St. Joseph's Roman Catholic Church of Pascoag, RI				
3. State of Incorporation RI 4. NAICS Code 8131/0	5. Brief description of the character of business conducted in Rhode Island Religious Organization (Church)				
6. Principal Office Address			City	State	Zip
183 Sayles Avenue			Pascoag	RI	02859
7. List ALL officers (names and addresses)			Check the box to indicate an attachment		
President Name Most Reverend Thomas J Tobin			Vice-President Name Most Rev. Robert C Evans		
Street Address One Cathedral Square			Street Address One Cathedral Square		
	State RI	<sup>Zip</sup> <b>02903</b>	City Providence	State RI	Zip <b>02903</b>
Secretary Name Rev. Scott J Carpentier			Treasurer Name Rev. Scott J Carpentier		
Street Address 183 Sayles Avenue			Street Address 183 Sayles Avenue		
City Pascoag	State RI	<sup>Zip</sup> <b>02859</b>	City Pascoag	State RI	<sup>Zip</sup> 02859
8. List ALL directors (names and add	dresses). RI Corp	orations MUST	list at least THREE directors.	Charlette to the	
Director Name Rev. Scott J Carpentier			Check the box to indicate an attachment Director Name Mitchell Parkhurst		
Street Address 183 Sayles Avenue			Street Address 78 Staghead Drive		
City Pascoag	State RI	<sup>Zip</sup> <b>02859</b>	City Pascoag	State RI	<sup>Zip</sup> <b>02859</b>
Director Name Michael Franklin			Director Name	<u> </u>	
Street Address 167 Keach Pond Drive			Street Address		
City Chepachet	State Ri	<sup>Zip</sup> <b>02814</b>	City	State	Zip
9. Registered Agent in Rhode Island.	This information is	currently of recor	d in the Department of State. Cha	nges require filina Form 6	641.
Under penalty of perjury, I declare	and affirm that i	have examine	d this report including any	accompanying sched	dules and
statements, and that all statements This report must be signed by either the Preside	s contained nere	ein are true and	correct.		
Name of Officer/Authorized Represen	ntative	y, ridulaturi G		presentative, Receiver or Tri Date	zstee.
Rev. Scott J Carpentier				7/3/2017	
Signature of Officer/Authorized Repres	sentative rpenher	<u> </u>	FILE	D	
All TO:	year well		nu AA	2017	

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 06 ZUI/

FORM 631 - Revised: 05/2017