



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.

1. Entity ID Number 125643		2. Exact name of the Corporation The Historic St. Joseph Foundation									
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To establishment an endowment to provide income to assist with the financial needs of the parish of St. Joseph's Church, Ashton, RI									
4. NAICS Code 813110 - Religious Organiza <input type="checkbox"/>											
6. Principal Office Address 1303 Mendon Road				City Cumberland		State RI		Zip 02864			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Thomas J. Tobin (Bishop of Providence)				Vice-President Name Robert C. Evans (Auxiliary Bishop of Prov.)							
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				Street Address 1303 Mendon Road							
City Cumberland		State RI		Zip 02864		City Cumberland		State RI		Zip 02864	
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 Rev. Charles H. Galligan				Director Name Mr. Frank Champi							
Street Address 1303 Mendon Road				Street Address 2970 Mendon Road, Unit #136							
City Cumberland		State RI		Zip 02864		City Cumberland		State RI		Zip 02864	
Director Name Mr. John J. Smith, Jr.				Director Name							
Street Address 33 Kilburn Ave.				Street Address							
City Lincoln		State RI		Zip 02865		City		State		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 REV. CHARLES H. GALLIGAN, PASTOR								Date 8/2/2017			
Signature of Officer/Authorized Representative <i>Rev. Charles H. Galligan</i> FILED <i>8</i>											