RI SOS Filing Number: 201866030510 Date: 5/17/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: 2018 **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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1. Entity ID Number	2. Exact name of the Corporation					
30166	St. Joseph's Church, Ashton, RI					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
Rhode Island	To conduct the	To conduct the Roman Catholic Church				
4. NAICS Code	1					
813110 - Religious Organiza ▽						
6. Principal Office Address			City	State	Zip	
1303 Mendon Road, (P.O. Box 7005)			Cumberland	RI	02864	
7. List ALL officers (names and addresses)  Check the box to indicate an attachment						
President Name Thomas J. Tobin (Bishop of Providence)			Vice-President Name Robert C. Evans (Auxilliary 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 ( P.O. Box 7005)			Street Address 1303 Mendon Road (P.O. Box 7005)			
City Cumberland	State RI	<sup>Zip</sup> 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						
Director Name Rev. Charles H. Galligan			Director Name Mr. Frank Champi			
Street Address 1303 Mendon Road (P. O. Box 7005)			Street Address 2970 Mendon Road, Unit #136			
City Cumberland	State RI	<sup>Zip</sup> 02864	City Cumberland	State RI	<sup>Zip</sup> 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.						
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treesurer, duty Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative					Date	
Rev. Charles H. Galligan				May 15, 2018	May 15, 2018	
Signature of Officer/Authorized Representative						
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MAY 1 7 2010						

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov