



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.

1. Entity ID Number 30166		2. Exact name of the Corporation St. Joseph's Church, Ashton, RI			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To conduct the Roman Catholic Church			
4. NAICS Code 813110 - Religious Organiza <input type="checkbox"/>					
6. Principal Office Address 1303 Mendon Road, (P.O. Box 7005)			City Cumberland	State RI	Zip 02864
7. List ALL officers (names and addresses) <input type="checkbox"/> 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	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> 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	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				Date May 15, 2018	
Signature of Officer/Authorized Representative <i>Rev. Charles H. Galligan</i>				FILED	

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

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