



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.

FILED
 JUN 18 2018
 BY 21853

1. Entity ID Number 000030216		2. Exact name of the Corporation St. Joseph's Roman Catholic Church of Pascoag			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious Organization (Church)			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 183 Sayles Avenue		City Pascoag	State RI	Zip 02859	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Most Reverend Thomas J Tobin			Vice-President Name Most Reverend Robert C Evans		
Street Address One Cathedral Square			Street Address One Cathedral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Reverend Scott J Carpentier			Treasurer Name Reverend Scott J Carpentier		
Street Address 183 Sayles Avenue			Street Address 183 Sayles Avenue		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
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 Scott J Carpentier			Director Name Mitchell Parkhurst		
Street Address 183 Sayles Avenue			Street Address 78 Staghead Drive		
City Pascoag	State RI	Zip 02859	City Pascoag	State RI	Zip 02859
Director Name Michael Franklin			Director Name		
Street Address 167 Keach Pond Drive			Street Address		
City Chepachet	State RI	Zip 02814	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Reverend Scott J Carpentier				Date 6/1/2018	
Signature of Officer/Authorized Representative <i>Reverend Scott J Carpentier</i>					

MAIL TO:
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 Website: www.sos.ri.gov