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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019 **Non-Profit Corporation**

FILED JUN 0 6 2019



→ Filing period: June 1 - June 30 •

Filing Fee: \$20.00 Penalty Additional \$25.00 fee if form is not filed by July 30	RV

1 Entity ID Number	2 Exact name of the Corporation						
0030187	St. Joseph Church of Providence						
3 State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	Roman Catholic Services						
4 NAICS Code	Place of Worship						
813110 - Religious Organiz							
6 Principal Office Address			City	State	Zıp		
92 Hope Street			Providence	RJ	02906		
7 List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Most Rev. Thomas J. Tobin, D.D.			Vice-President Name Rev. Msgr. Albert A. Kenney				
Street Address One Cathedral Square			Street Address One Cathedral Square				
City Providence	State RI	^{Ζιρ} 02903	City Providence	State RI	^{Zip} 02903		
Secretary Name Rev. Edward A. Sousa, Jr.		Treasurer Name Rev. Edward A. Sousa, Jr.					
Street Address 92 Hope Street		Street Address 92 Hope Street					
City Providence	State RI	^{Zip} 02906	City Providence	State RI	^{Zip} 02906		
8 List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors Check the box to indicate an attachment							
Director Name Most Rev. Thomas J. Tobin, D.D.			Director Name Rev. Msgr. Albert A. Kenney				
Street Address One Cathedral Square			Street Address One Cathedral Square				
^{City} Providence	State RI	^{Zip} 02903	City Providence	State RI	Z _I p 02903		
Director Name Charles Wharton			Director Name Suzanne Hall				
Street Address 4 Jenkes Street			Street Address 23 Halsey Street				
^{City} Providence	State Ri	^{Zip} 02906	City Providence	State RI	^{Zıp} 02906		
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, Trensurer, duly Authorized Representative, Receiver or Trustee							
Name of Officer/Authorized Representative			Date				
Rev. Edward A. Sousa, Jr.				June 1, 201	June 1, 2019		
Signature of Officer/Authorized Representative Rev. Edward A. Bousa, Gr.							

MAIL TO:

Division of Business Services

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

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