



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

JUN 14 2019

Annual Report for the year: 2019

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 000030179		2. Exact name of the Corporation Saint Joseph Church, Hope Valley	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island CHURCH CORPORATION	
4. NAICS Code 813110 - Religious Organization			
6. Principal Office Address 1105 Main Street		City Hope Valley	State RI Zip 02832
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MOST REV. THOMAS J. TOBIN		Vice-President Name REV. MSGR. ALBERT A. KENNEY	
Street Address ONE CATHEDRAL SQUARE		Street Address ONE CATHEDRAL SQUARE	
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE
Secretary Name REV. MICHAEL J. LECKIE		Treasurer Name REV. MICHAEL J. LECKIE	
Street Address 1105 MAIN ST.		Street Address 1105 MAIN ST.	
City HOPE VALLEY	State RI	Zip 02832	City HOPE VALLEY
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>			
Director Name MOST REV. THOMAS J. TOBIN		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
Director Name REV. MICHAEL J. LECKIE		Director Name ANTHONY PALASCIANO	
Street Address 1105 MAIN ST.		Street Address 7 WOODLAND DRIVE	
City HOPE VALLEY	State RI	Zip 02832	City HOPE VALLEY
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. MICHAEL J. LECKIE			Date JUNE 12, 2019
Signature of Officer/Authorized Representative 			

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



SAINT JOSEPH CHURCH, HOPE VALLEY

ENTITY NUMBER: 000030179

ADDITIONAL DIRECTOR:

Barbara Murphy

978 Main Street

Hope Valley, RI 02832