



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

FILED

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.

JUN 14 2019 *DL*
 RV 62987

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 Organizati					
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	State RI	Zip 02903
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	State RI	Zip 02832
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	State RI	Zip 02903
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	State RI	Zip 02832
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 <i>[Handwritten Signature]</i>					

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