



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

Annual Report for the year: **2019**

Non-Profit Corporation

→ Filing period: June 1 - June 30

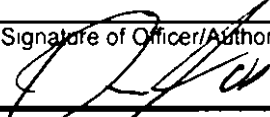
→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

FILED

NOV 18 2019

91003

1. Entity ID Number 001682206		2. Exact name of the Corporation Dominican Fathers Province of St. Joseph			
3. State of Incorporation New York		5. Brief description of the character of business conducted in Rhode Island To conduct exclusively religious, charitable and missionary purposes for the moral and mental improvement of men			
4. NAICS Code 813110 - Religious Organiza					
6. Principal Office Address 141 East 65 Street			City New York	State NY	Zip 10065
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rev. Kenneth Raymond Letoile			Vice-President Name Rev. Darren Michael Pierre		
Street Address 141 East 65 Street			Street Address 141 East 65 Street		
City New York	State NY	Zip 10065	City New York	State NY	Zip 10065
Secretary Name			Treasurer Name Rev. Allen Moran		
Street Address			Street Address 141 East 65 Street		
City	State	Zip	City New York	State NY	Zip 10065
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 Rev. Kevin Robb			Director Name Rev. James Cuddy		
Street Address One Cunningham Square			Street Address One Cunningham Square		
City Providence	State RI	Zip 02918	City Providence	State RI	Zip 02918
Director Name Rev. Thomas Garrett			Director Name		
Street Address One Cunningham Square			Street Address		
City Providence	State RI	Zip 02918	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. Darren Michael Pierre				Date 11/12/2019	
Signature of Officer/Authorized Representative 				11/12/2019 DOCUMENT HERE	

MAIL TO:

Division of Business Services

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