



Department of State - Business Services Division

Annual Report for the year: **2020**
 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
 JUL 08 2020
 BY 47235 DS

1. Entity ID Number 000030171		2. Exact name of the Corporation St. Joseph's Church of Central Falls			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide for the spiritual welfare of all its members			
4. NAICS Code 813110 - Religious Organ					
6. Principal Office Address 391 High Street		City Central Falls	State RI	Zip 02863	
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 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 Lawrence Rzepecki			Treasurer Name Rev. Dariusz G. Jonczyk		
Street Address 52 Paris Street			Street Address 391 High Street		
City Pawtucket	State RI	Zip 02860	City Central Falls	State RI	Zip 02863
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 Most Reverend 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. Dariusz G. Jonczyk			Director Name Paul Poholek		
Street Address 391 High Street			Street Address 101 Middle Street		
City Central Falls	State RI	Zip 02863	City South Attleboro	State MA	Zip 02703
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. Dariusz G. Jonczyk				Date June 30, 2020	
Signature of Officer/Authorized Representative <i>Rev. Dariusz G. Jonczyk</i>					

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