State of Rhode Island
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.

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1. Entity ID Number	2. Exact name of the Corporation
000030175	Saint Joseph's Church Corporation, North Scituate
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Roman Catholic Church
4. NAICS Code: 813110 - Religious Organizati	

6. Principal Office Address	City	State	Zip
151 Danielson Pike	North Scituate	RI	02857

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☑

President Name: Most Rev. Thomas J. Tobin			Vice-President Name: Rev. Msgr. Albert 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: Mr. Dennis Charland			Treasurer Name: Rev. Paul R. Grenon		
Street Address: 6 Hunter Ridge Rd.			Street Address: 151 Danielson Pike		
City: North Scituate	State: RI	Zip: 02857	City: North Scituate	State: RI	Zip: 02857

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			Director Name: Rev. Msgr. Albert Kenney		
Street Address: One Cathedral Square			Street Address: One Cathedral Square		
City: Providence	State: RI	Zip: 02857	City: Providence	State: RI	Zip: 02903
Director Name: Rev. Paul R. Grenon			Director Name: Mr. Dennis Charland		
Street Address: 151 Danielson Pike			Street Address: 6 Hunter Ridge Rd.		
City: North Scituate	State: RI	Zip: 02857	City: North Scituate	State: RI	Zip: 02857

9. The Registered Agent information of record with the RI Department of State is accurate. 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, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Rev. Paul R. Grenon Pastor/Treasurer	03/302021

Signature of Officer/Authorized Representative: Rev. Paul R. Grenon

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APR 05 2021
BY 45695
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MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 08/2020