RI SOS Filing Number: 202197274260 Date: 5/28/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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
MAY 28 2021
BY 19303 05

1. Entity ID Number	2. Exact name of the Corporation
30189	**St. Joseph Church, Woonsocket**
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: non-profit, religious, charitable
4. NAICS Code: 813110 - Religious Organizati	

6. Principal Office Address	City	State	Zip
1200 Mendon Road	Woonsocket	RI	02895

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 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. Ryan J. Krocka-Simas			Treasurer Name: Rev. Ryan J. Krocka-Simas		
Street Address: 1200 Mendon Road			Street Address: 1200 Mendon Road		
City: Woonsocket	State: RI	Zip: 02895	City: Woonsocket	State: RI	Zip: 02895

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Edwin Burke			Director Name: Julien P. Ayotte		
Street Address: 52 Hillsdale Street			Street Address: 72 Bourque Road		
City: Woonsocket	State: RI	Zip: 02895	City: Cumberland	State: RI	Zip: 02864
Director Name: Rev. Ryan J. Krocka-Simas			Director Name:		
Street Address: 1200 Mendon Road			Street Address:		
City: Woonsocket	State: RI	Zip: 02895	City:	State:	Zip:

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: Rev. Ryan Simas

Date: 05/24/2021

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

FORM 631 - Revised: 08/2020