



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**  
JUL 09 2021  
BY 31063  
*[Signature]*

1. Entry ID Number <b>000030175</b>		2. Exact name of the Corporation <b>Sint Joseph's Church Corporation, North Scituate</b>			
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 Organization <input type="checkbox"/>					
6. Principal Office Address 151 Danielson Pike,			City North Scituate	State RI	Zip 02857
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
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 02857	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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
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 02903	City Providence	State RI	Zip 02857
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.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Rev. Paul R. Grenon Pastor/Treasurer				Date 6/21/21	
Signature of Officer/Authorized Representative <i>Rev Paul R Grenon</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



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JUL 09 2021

BY

310103  
20

1. Entity ID Number <b>000030175</b>		2. Exact name of the Corporation <b>Saint Joseph's Church Corporation, North Scituate</b>			
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 Organization <input type="checkbox"/>					
6. Principal Office Address 1521 Danielson Pike		City North Scituate		State RI	Zip 02857
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Mr. Thomas Rezendes			Director Name		
Street Address 1120 Central Avenue			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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					Date
Signature of Officer/Authorized Representative					

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