RI SOS Filing Number: 202199233850 Date: 7/9/2021 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

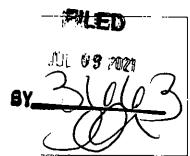
Annual Report for the year: **Non-Profit Corporation**

2021

-> Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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



Entity ID Number	2 Evact nam	a of the Corporation		7.5.			
000030175		2. Exact name of the Corporation Sint Joseph's Church Corporation, North Scituate					
	_						
3. State of Incorporation `		Brief description of the character of business conducted in Rhode Island Roman Catholic Church					
Rhode Island	- Roman Car	nolic 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 a	ddresses)			Check the box to indi	icate 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} 02857	City Providence	State RI	Zip 02903		
Secretary Name Mr. Dennis Charland			Treasurer Name Rev. Paul R. Grenon				
Stree: Address 6 Hunter Ridge F			Street Address 151 Danielson Pike				
City North Sciituate	State RI	^{Zıp} 02857	City North Scituate	State RI	^{Zip} 02857		
8. List ALL directors (names and	addresses). RI (Corporations MUST	list at least THREE directors.	Charlesha haveta inc			
Director Name Most Rev. Thoma	as J. Tobin		Director Name Rev. Msgr. A	Check the box to indi	cate an attachment		
Street Address One Cathedral S	Square		Street Address One Cathedral Square				
Cty Providence	State RI	^{Zio} 02903	C ty Providence	State RI	^{Z p} 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	^{Z_{ip}} 02857		
9. The Registered Agent informa	tion of record wit	h the RI Departmen	it of State is accurate. Changes	require filing Form 64	1.		
Under penalty of perjury, I dec statements, and that all statem				ccompanying sched	tules and		
This report must be signed by either the P	resident, Vice-Presid	ent. Secretary, Assistant l	Secretary, Treasurer, duly Authorized Rep	presentative, Receiver or Tri	ust oe		
Name of Officer/Authorized Repr	resentative			Date			
Rev. Paul R. Grenon Pastor/Teasurer				6/21/21			
Signature of Officer/Authorized R	/						

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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State of Rhode Island

Department of State - Business Services Division

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Annual Report for the year: 2021 **Non-Profit Corporation**

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JUL U 9 2021
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BY ()()

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1521 Danielson Pike			North Scituate	RI	02857		
7. List ALL officers (names an	nd addresses)			Check the box to in	ndicate an attachment		
President Name			Vice-President Name				
Street Address			Street Address				
City	State	Zıp	City	S:ate	Zip		
Secretary Name			Treasurer Name				
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address				
City	State	Zip	City	State	Ζp		
8. List ALL directors (names a	and addresses). RI	Corporations MUST	list at least THREE directors.	<u> </u>			
Director Name Mr. Thomas Re	ezendes		Director Name	Check the box to in	dicate an attachment		
			Stront Address				
Street Address 1120 Central			Street Address				
City Johnston	State RI	^{Zip} 02919	City	State	Zip		
Director Name			Director Name				
Street Aadress			Street Address				
City	State	Zip	City	State	Ζp		
9. The Registered Agent infor	mation of record wi	th the RI Departmen	nt of State is accurate. Change	s require filing Form 6			
Under penalty of perjury, I o statements, and that all stat	declare and affirm tements contained	that I have examin I herein are true an	ed this report, including any	accompanying sche	edules and		
			Secretary, Treasurer, duly Authorized R	epresentative, Receiver or	Trustee.		
Name of Officer/Authorized Representative				Date			
Signature of Officer/Authorized	d Representative	 -					

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