RI SOS Filing Number: 202215515890 Date: 4/18/2022 4:00:00 PM



State of Rhode Island

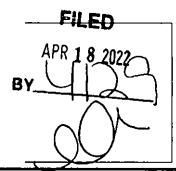
Department of State - Business Services Division

Annual Report for the year: 2022
Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by May 31.



1. Entity ID Number	2. Exact name of the Corporation					
000030175	Saint Joseph's Church Corporation, North Scituate					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
RI	Catholic Church					
4. NAICS Code						
813110 - Religious Organization	I0 - Religious Organizatio					
6. Principal Office Address			City	State	Zip	
151 Danielson Pike			N. 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 A. Kenney			
Street Address One Cathedral Square			Street Address One Cathedral Square			
^{City} Providence	State RI	^{Zip} 02857	City Providence	State RI	^{Zip} 02857	
Secretary Name Mr. Dennis Charland			Treasurer Name Rev. Paul R. Grenon			
Street Address 6 Hunter Ridge Rd.			Street Address 151 Danielson Pike			
^{City} N. Scituate	State RI	^{Zip} 02857	City N. 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 A. 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} N. Scituate	State RI	^{Zip} 02857	^{City} N. 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, Treesurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative				Date		
Rev. Paul R Grenon Pastor/Treasurer				April 13, 2022		
Signature of Officer/Authorized Representative						