



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.

FILED
 APR 18 2022
 BY *[Signature]*

1. Entity ID Number 000030175		2. Exact name of the Corporation Saint Joseph's Church Corporation, North Scituate			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Catholic Church			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 151 Danielson Pike			City N. Scituate	State RI	Zip 02857
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input checked="" type="checkbox"/>					
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.					
<i>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.</i>					
<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 Rev. Paul R. Grenon Pastor/Treasurer				Date April 13, 2022	
Signature of Officer/Authorized Representative <i>Rev. Paul R. Grenon</i>					

MAIL TO:

Division of Business Services

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