



State of Rhode Island  
 Department of State - Business Services Division

**FILED**  
 APR 18 2022  
 BY *[Signature]*

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 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 Organizati					
6. Principal Office Address 151 Danielson Pike		City N. 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 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 <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
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  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov