



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Non-Profit Corporation

STAMP

APR 18 2023
 4:00

- 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 of North Scituate					
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Catholic Church					
4. NAICS Code 813110- Religious Org.							
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 02903		City Providence		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		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 02903		City Providence		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		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.							
<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 04/13/2023	
Signature of Officer/Authorized Representative 							

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov



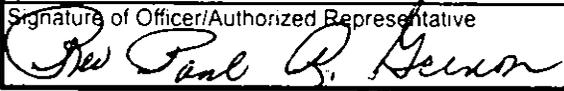
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Non-Profit Corporation _____

APR 18 2023

STAMP

- 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 of 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 org.							
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			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 MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>							
Director Name Mr. Charles Strniste			Director Name				
Street Address 12 Elisha Mathewson Rd.			Street Address				
City N. Scituate		State RI	Zip 02857	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.							
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>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 Paul R. Grenon Pastor/Treasurer						Date 04/13/2023	
Signature of Officer/Authorized Representative 							

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov