



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 Non-Profit Corporation

APR 18 2023
 63007

- 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 000030179		2. Exact name of the Corporation Saint Joseph's Church, Hope Valley			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island ROMAN CATHOLIC CHURCH			
4. NAICS Code 813110					
6. Principal Office Address 1105 MAIN ST.			City HOPE VALLEY	State RI	Zip 02832
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 RE. MSGR. ALBERT A. KENNEY		
Street Address ONE CATHEDRAL SQUARE			Street Address ONE CATHEDRAL SQUARE		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02903
Secretary Name REV. CHINNAIAH YERRNINI			Treasurer Name REV. CHINNAIAH YERRNINI		
Street Address 1105 MAIN ST			Street Address 1105 MAIN ST.		
City HOPE VALLEY	State RI	Zip 02832	City HOPE VALLEY	State RI	Zip 02832
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	State RI	Zip 02903
Director Name REV. CHINNAIAH YERRNINI			Director Name ANTHONY PALASCIANO		
Street Address 1105 MAIN ST.			Street Address 7 WOODLAND DRIVE		
City HOPE VALLEY	State RI	Zip 02832	City HOPE VALLEY	State RI	Zip 02832
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. CHINNAIAH YERRNINI				Date APRIL 3, 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

Saint Joseph Church, Hope Valley

Entity ID Number – 000030179

Additional Director

Bruce Olean

126 Kenyon Hill Trail

Wyoming, RI 02898