State of Rhode Island
Department of State - Business Services Division

FILED
APR 2 3 2024
BY

Annual Report for the year: 2024
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
000030187	St. Joseph's Church Providence Rhode Island
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Roman Catholic Church
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
92 Hope Street	Providence	RI	02906

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Most Rev. Richard G. Henning			Vice-President Name: Rev. Msgr. Albert A. Kenney		
Street Address: One Cathedral Square			Street Address: One Cathedral Square		
City: Providence	State: RI	Zip: 02906	City: Providence	State: RI	Zip: 02906
Secretary Name: Rev. Edward A. Sousa Jr.			Treasurer Name: Rev. Edward A. Sousa Jr.		
Street Address: 92 Hope Street			Street Address: 92 Hope Street		
City: Providence	State: RI	Zip: 02906	City: Providence	State: RI	Zip: 02906

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. Richard G. Henning			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. Edward A. Sousa Jr.			Director Name: Charles Wharton		
Street Address: 92 Hope Street			Street Address: 4 Jenkes Street		
City: Providence	State: RI	Zip: 02906	City: Providence	State: RI	Zip: 02906

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, Treasurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative: **Rev. Edward A. Sousa Jr.**

Date: 3/8/2024

Signature of Officer/Authorized Representative: Edward A. Sousa Jr. (Rev.)

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

FORM 631- Revised. 12/2023