



State of Rhode Island
Department of State - Business Services Division

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

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1. Entity ID Number 000030216		2. Exact name of the Corporation St. Joseph's Roman Catholic Church of Pascoag			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island Religious Organization (to care for the spiritual well-being of the parishioners)			
4. NAICS Code 813110					
6. Principal Office Address 183 Sayles Avenue		City Pascoag		State R.I.	Zip 02859
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Most Reverend Richard G. Henning			Vice-President Name Reverend Monsignor Albert A. Kenney		
Street Address 1 Cathedral Square			Street Address 1 Cathedral Square		
City Providence	State R.I.	Zip 02903	City Providence	State R.I.	Zip 02903
Secretary Name Reverend Stephen J. Dandeneau			Treasurer Name Reverend Stephen J. Dandeneau		
Street Address 1251 Putnam Pike			Street Address 1251 Putnam Pike		
City Chepachet	State R.I.	Zip 02814	City Chepachet	State R.I.	Zip 02814
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Reverend Stephen J. Dandeneau			Director Name Mitchell Parkhurst		
Street Address 1251 Putnam Pike			Street Address 78 Staghead Drive		
City Chepachet	State R.I.	Zip 02814	City Pascoag	State R.I.	Zip 02859
Director Name Reverend Monsignor Albert A. Kenney			Director Name Michael Franklin		
Street Address 1 Cathedral Square			Street Address 167 Keach Pond Drive		
City Providence	State R.I.	Zip 02903	City Chepachet	State R.I.	Zip 02814
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 Reverend Stephen J. Dandeneau					Date 06/28/2024
Signature of Officer/Authorized Representative Reverend Stephen J. Dandeneau					

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov