



State of Rhode Island  
Department of State - Business Services Division

FILED

FEB 06 2025

BY

22180  
[Signature]

Annual Report for the year: 2025

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 000030189		2. Exact name of the Corporation Saint Joseph's Church, Woonsocket			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island non-profit, religious charitable			
4. NAICS Code 813110					
6. Principal Office Address 1200 Mendon Road		City Woonsocket		State RI	Zip 02895
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Rev. Msgr. Albert A. Kenney			Vice-President Name		
Street Address One Cathedral Square			Street Address		
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Rev. Mark Gadoury			Treasurer Name Rev. Mark Gadoury		
Street Address 1200 Mendon Road			Street Address 1200 Mendon Road		
City Woonsocket	State RI	Zip 02895	City Woonsocket	State RI	Zip 02895
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 type="checkbox"/></span>					
Director Name Rev. Msgr. Albert A. Kenney			Director Name Rev. Mark Gadoury		
Street Address One Cathedral Square			Street Address 1200 Mendon Road		
City Providence	State RI	Zip 02903	City Woonsocket	State RI	Zip 02895
Director Name Julien P. Ayotte			Director Name Edwin Burke		
Street Address 107 Old River Road UNIT 88			Street Address 52 Hillside Street		
City Lincoln	State RI	Zip 02865	City Woonsocket	State RI	Zip 02895
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Rev. Mark Gadoury</b>				Date 2/3/25	
Signature of Officer/Authorized Representative [Signature]					

MAIL TO:

Division of Business Services

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