



State of Rhode Island
Department of State - Business Services Division

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.

FILED

FEB 24 2025

BY

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1. Entity ID Number 000030187		2. Exact name of the Corporation 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 92 HOPE STREET			City PROVIDENCE	State RI	Zip 02906
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
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. 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 <input type="checkbox"/>					
Director Name REV. MSGR. ALBERT A. KENNEY			Director Name REV. EDWARD A. SOUSA JR.		
Street Address ONE CATHEDRAL SQUARE			Street Address 92 HOPE STREET		
City PROVIDENCE	State RI	Zip 02903	City PROVIDENCE	State RI	Zip 02906
Director Name SUZANNE HALL			Director Name CHARLES WHARTON		
Street Address 23 HALSEY 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.					
<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 DAVID K. ROSE					Date 2/13/2025
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov