



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

MAR 12 2025

BY 2447

1. Entity ID Number 000030166		2. Exact name of the Corporation ST JOSEPH'S CHURCH, ASHTON, 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 1303 MENDON RD (PO BOX 7005)			City CUMBERLAND	State RI	Zip 02864
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 VACANT		
Street Address ONE CATHEDRAL SQUARE			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Secretary Name REV. CHARLES H. GALLIGAN			Treasurer Name REV. CHARLES H. GALLIGAN		
Street Address 1303 MENDON RD			Street Address 1303 MENDON RD		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
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. CHARLES H. GALLIGAN		
Street Address ONE CATHEDRAL SQUARE			Street Address 1303 MENDON RD		
City PROVIDENCE	State RI	Zip 02903	City CUMBERLAND	State RI	Zip 02864
Director Name JOHN J. SMITH JR.			Director Name FRANK CHAMPI		
Street Address 33 KILBURN STREET			Street Address 2970 MENDON RD UNIT #136		
City LINCOLN	State RI	Zip 02865	City CUMBERLAND	State RI	Zip 02864
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. CHARLES H. GALLIGAN				Date 02/15/2025	
Signature of Officer/Authorized Representative <i>Rev. Charles H. Galligan</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov