



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

APR 07 2025

BY *[Signature]*

1. Entity ID Number 000030179		2. Exact name of the Corporation Saint Joseph's Church, Hope Valley			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Catholic Church			
4. NAICS Code 813110					
6. Principal Office Address 1105 Main Street			City Hope Valley	State RI	Zip 02832
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. Francesco Francese			Treasurer Name Rev. Francesco Francese		
Street Address 1105 Main Street			Street Address 1105 Main Street		
City Hope Valley	State RI	Zip 02832	City Hope Valley	State RI	Zip 02832
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. Francesco Francese		
Street Address One Cathedral Square			Street Address 1105 Main Street		
City Providence	State RI	Zip 02903	City Hope Valley	State RI	Zip 02832
Director Name Mr. Anthony Palasciano			Director Name Mr. Bruce Olean		
Street Address 7 Woodland Drive			Street Address 126 Kenyon Hill Trail		
City Hope Valley	State RI	Zip 02832	City Wyoming	State RI	Zip 02898
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. Francesco Francese					Date 4/1/2025
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
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