



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
 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
 STATE
 FEB 09 2023
 BY [Signature]

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 - Religious Organization <input type="checkbox"/>	

6. Principal Office Address 1200 Mendon Road	City Woonsocket	State RI	Zip 02895
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Most Rev. Thomas J. Tobin		Vice-President Name Rev. Msgr. Albert A. Kenney			
Street Address One Cathedral Square		Street Address One Cathedral Square			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Rev. Ryan J. Krocka-Simas		Treasurer Name Rev. Ryan J. Krocka-Simas			
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 MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Most Rev. Thomas J. Tobin		Director Name Rev. Msgr. Albert A. Kenney			
Street Address One Cathedral Square		Street Address One Cathedral Square			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Rev. Ryan J. Krocka-Simas		Director Name Julien P. Ayotte			
Street Address 1200 Mendon Road		Street Address 107 Old River Road Unit 88			
City Woonsocket	State RI	Zip 02895	City Lincoln	State RI	Zip 02865

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 Rev. Ryan Simon	Date 2/6/23
Signature of Officer/Authorized Representative <u>[Signature]</u>	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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30189

ADDITIONAL DIRECTOR

Edwin Burke

52 Hillsdale Street

Woonsocket, RI 02895

FILED

FEB 09 2023

BY _____