



**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

MAY 01 2023
30185
JG

1. Entity ID Number 30185		2. Exact name of the Corporation Saint Joseph's Church of Newport, Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious			
4. NAICS Code 813110-Religious Org.					
6. Principal Office Address 5 Mann Avenue			City Newport	State RI	Zip 02840
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. Scott J. Pontes			Treasurer Name Rev. Scott J. Pontes		
Street Address 5 Mann Avenue			Street Address 5 Mann Avenue		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Most Rev. Thomas J. Tobin			Director Name Rev. Msgr. Albert A. Kenney		
Street Address One Cathedral Square			Street Address One Cathdral Square		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Rev. Scott J. Pontes			Director Name Mr. Nicholas E. Phelan		
Street Address 5 Mann Avenue			Street Address 49 Friends Drive		
City Newport	State RI	Zip 02840	City Newport	State RI	Zip 02840
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. Scott J. Pontes				Date April 27, 2023	
Signature of Officer/Authorized Representative 					

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

St Joseph's Church of Newport

Entity ID#30185

Director #5's information:

Mrs. Elaine Gonsalves

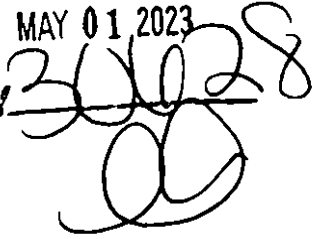
13 Calvert Street

Newport, RI 02840

FILED

MAY 01 2023

BY

A handwritten signature in black ink, appearing to be 'E. Gonsalves', written over a horizontal line. The signature is stylized and cursive.