RI SOS Filing	g Number: 202	2454503560	Date: 5/3/2024 4:00:00	PM	
Department of Sta	te - Busines:	s Services D	ivision		
Annual Report for the year: Non-Profit Corporation	2024		M/	AY 0 3 2024	DV.
<ul> <li>→ Filing period: February 1 - May 1</li> <li>→ Filing Fee: \$20,00</li> <li>→ Penalty: Additional \$25,00 fee if form is not filed by May 31.</li> </ul>			MAY 0 3 2024 52 12307		
1. Entity ID Number 000030161	2. Exact name of the Corporation SAINT JOSEPH CHURCH				
3. State of Incorporation RHODE ISLAND	Brief description of the character of business conducted in Rhode Island     ROMAN CATHOLIC CHURCH				
4. NAICS Code 813110 - Religious Organizations					
6. Principal Office Address 195 WALCOTT STREET			City PAWTUCKET	State RI	Z <sub>IP</sub> 02860
7 List ALL officers (names and addresses)			Check the box to indicate an attachment		
President Name MOST REV. RICHARD G. HENNING			Vice-President Name REV. MSGR. ALBERT A. KENNEY		
Street Address ONE CATHEDRAL SQUARE			Street Address ONE CATHEDRAL SQUARE		
City PROVIDENCE	State RI	<sup>Zip</sup> 02903	City PROVIDENCE	State RI	<sup>Zip</sup> 02903
Secretary Name REV. JOSEPH F. CRADDOCK			Treasurer Name REV. JOSEPH F. CRADDOCK		
Street Address 195 WALCOTT STREET			Street Address 195 WALCOTT STREET		
C:ty PAWTUCKET	State RI	<sup>Zip</sup> 02860	City PAWTUCKET	State RI	<sup>Zip</sup> 02860
8. List ALL directors (names and a	ddresses). Rl Corp	porations MUST I	ist at least THREE directors.	Check the box to indic	ate an attachment 🔽
D rector Name MOST REV. RICHARD G. HENNING			Director Name REV. MSGR. ALBERT A. KENNEY		
Street Address ONE CATHEDRAL SQUARE			Street Address ONE CATHEDRAL SQUARE		
C ty PROVIDENCE	State RI	<sup>7ip</sup> 02903	City PROVIDENCE	State RI	<sup>Zip</sup> 02903
Director Name REV. JOSEPH F. CRADDOCK			Director Name MR. STEPHEN KILMARTIN		
Street Address 195 WALCOTT STREET			Street Address 284 WOODHAVEN ROAD		
City PAWTUCKET	State RI	<sup>Zip</sup> 02860	City PAWTUCKET	State RI	<sup>Zip</sup> 02860
9. The Registered Agent information	on of record with th	ne RI Department	of State is accurate. Changes re-	quire filing Form 641	
Under penalty of perjury, I decla statements, and that all stateme				companying sched	ules and
This report must be signed by either the Pre	isident, Vica-Presidant,	Secretary, Assistant S	ecretary, Treasurer, duly Authorized Repre-	sentative, Receiver or Trus	stoe
Name of Officer/Authorized Representative				Date 05/01/202	4

MAIL TO:

**Division of Business Services** 

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

Rev. (meph Chaulotk Signature of Officer/Authorized Representative

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 631 - Revised: 11/2021

## **LEGAL TITLE OF CORPORATION**

SAINT JOSEPH CHURCH 195 WALCOTT STREET PAWTUCKET, RI 02860

## **ADDITIONAL DIRECTOR:**

## Lay Trustee:

PATRICIA MARTINEZ 142 OAKLAND AVENUE PAWTUCKET, RI 02861