



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
A. Ralph Mollis, Secretary of State

Corporations Division
 148 W. River Street
 Providence, RI 02904-2615
 #01.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
 * In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 30211		2. Name of Corporation St. Joseph's Hospital School of Nursing Alumni Association	
3. State of Incorporation RHODE ISLAND		4. Corporate address in Rhode Island - Street Address 87 Scenery Lane	
5. Foreign corporation. Enter principal office address		City Johnston	Zip 02919
		State RI	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island EDUCATIONAL AND SOCIAL			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Rhonda Jacobucci		Vice President Name None	
Street Address 33 Dayna Drive		Street Address	
City West Greenwich	State RI	City	State
Zip 02817		Zip	
Secretary Name BARBARA Cederholm		Treasurer Name Lucille Girard	
Street Address 107 Jenckes Hill Rd		Street Address 44 HARRIS Ave	
City Lincoln	State RI	City West Warwick	State RI
Zip 02865		Zip 02893	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name Ellen Fournier		Director Name Claudette Jobin	
Street Address 51 Zachariah Place		Street Address Po Box 19571	
City WARWICK	State RI	City Johnston	State RI
Zip 02889		Zip 02919	
Director Name Steven Platt		Director Name MARY Kucowski	
Street Address Po Box 1224		Street Address 40 Louisiana Ave	
City Woonsocket	State RI	City WARWICK	State RI
Zip 02895		Zip 02888	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name LILLIAN SPARFVEN		Address	
Address 87 SCENERY LANE		City JOHNSTON	Zip 02919-

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



30211

FILED

File Date **SEP 12 2007**
 Check No. _____
 By **607**

FOR SECRETARY OF STATE USE ONLY

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.

Lucille M. Girard
 Signature of Officer
Lucille M. Girard
 Print or Type Name of Officer
Treasurer
 Title of Officer