

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street

Providence, RI 02904-2615 401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

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.

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1. Corporate ID No	2 Name of Con	•				
85957		RELIGIOUS OF JESUS AND MARY, INC.				
3 State of Incorporation	4. Corporate ada	4. Corporate address in Rhode Island - Street Address City			Zip	
MARYLAND	65 LAKE S	SHORE DRIVE		WARWICK	02889	
5. Foreign corporation. 15	ner principal office addre	200	City	State	Zip	
6. Brief Description of the ch	varacter of the affairs whic	ch are actually conducted in R	bode tsland			
RELIGIOUS ORGAI	NIZATION					
	RESSES OF THE OFF	FICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPAC	CES BEFORE USING ATT	ACHMENTS	
President Name			Vice President Name			
SR JANET M. STO	LBA, RJM		SR MARGARET PE	ERRON, RJM		
Street Address			Street Address			
6103 BALTIMORE AVE., SUITE T-5			6103 BALTIMORE AVE., SUITE T-5			
City	State	Ζψ	G(t)	State	Zip	
RIVERDALE	MD	20737	RIVERDALE	MD	20737	
Secretary Name			Treasurer Name			
SR JANICE FARNH	IAM, RJM		SR ALICE J. COTE	, KJM		
			Street Address			
	AVE OUTET					
6103 BALTIMORE		<u> </u>	6103 BALTIMORE			
6103 BALTIMORE	State	Zip	6103 BALTIMORE A	State	Zip	
Street Address 6103 BALTIMORE : City RIVERDALE	State MD	20737	6103 BALTIMORE A	State MD	20737	
6103 BALTIMORE ACTION OF THE STATE OF T	MD RESSES OF THE DIR	20737 RECTORS: ("X" BOX FOR	6103 BALTIMORE A  CHO  RIVERDALE  ATTACHMENT)   FILL IN SPACE	State MD CES BEFORE USING ATT	20737 ACHMENTS	
6103 BALTIMORE  CHO  RIVERDALE 8. NAMES AND ADDR  THE NUMBER OF DIA	MD RESSES OF THE DIR	20737 RECTORS: ("X" BOX FOR	6103 BALTIMORE A  City  RIVERDALE  AITACHMENT)   FILL IN SPAN  (ND) CORPORATION SHALL	State MD CES BEFORE USING ATT	20737 ACHMENTS	
6103 BALTIMORE AND STATE OF DESCRIPTION OF DESCRIPT	State MD RESSES OF THE DIR RECTORS OF A DO	20737 RECTORS: ("X" BOX FOR	6103 BALTIMORE A  CHO  RIVERDALE  ATTACHMENT)   FILL IN SPACE	State MD CES BEFORE USING ATT	20737 ACHMENTS	
6103 BALTIMORE ACTIVE RIVERDALE 8. NAMES AND ADDRESS OF DISCOURS DIRECTOR NAME SAME AS ABOVE	State MD RESSES OF THE DIR RECTORS OF A DO	20737 RECTORS: ("X" BOX FOR	6103 BALTIMORE A  City  RIVERDALE  AITACHMENT)   FILL IN SPAN  (ND) CORPORATION SHALL	MD CES BEFORE USING ATT NOT BE LESS THAN THE	20737 ACHMENTS	
6103 BALTIMORE AND ADDRESS OF DESTRUCTION OF DESTRU	State MD RESSES OF THE DIR RECTORS OF A DO	20737 RECTORS: ("X" BOX FOR	6103 BALTIMORE A City RIVERDALE ATTACHMENT)   FILL IN SPACE AND) CORPORATION SHALL IN Director Name SR ROSEMARY NI Street Address	State MD CES BEFORE USING ATT NOT BE LESS THAN THE	20737 ACHMENTS	
6103 BALTIMORE  City  RIVERDALE  8. NAMES AND ADDR  THE NUMBER OF DI.  Director Name  SAME AS ABOVE	State MD RESSES OF THE DIR RECTORS OF A DO	20737 RECTORS: ("X" BOX FOR	6103 BALTIMORE A  City  RIVERDALE  ATTACHMENT)   FILL IN SPACE  IND) CORPORATION SHALL IN  Director Name  SR ROSEMARY N	State MD CES BEFORE USING ATT NOT BE LESS THAN THE	20737 ACHMENTS	
6103 BALTIMORE  City  RIVERDALE  8. NAMES AND ADDR  THE NUMBER OF DE  Director Name  SAME AS ABOVE  Street Address	State MD RESSES OF THE DIR RECTORS OF A DO	20737 RECTORS: ("X" BOX FOR	6103 BALTIMORE A City RIVERDALE ATTACHMENT)   FILL IN SPACE AND) CORPORATION SHALL IN Director Name SR ROSEMARY NI Street Address	State MD CES BEFORE USING ATT NOT BE LESS THAN THE	20737 CACHMENTS REE (3). R.I.G.L. 7-	
6103 BALTIMORE  City  RIVERDALE  8. NAMES AND ADDR  THE NUMBER OF DE  Director Name  SAME AS ABOVE  Street Address	MD RESSES OF THE DIR RECTORS OF A DO.	20737 RECTORS: ("X" BOX FOR OMESTIC (RHODE ISLA	6103 BALTIMORE A City RIVERDALE ATTACHMENT) FILL IN SPACE AND) CORPORATION SHALL IS Director Name SR ROSEMARY NI Street Address 6103 BALTIMORE A	State MD CES BEFORE USING ATT NOT BE LESS THAN THE ICHOLSON, RJM AVE., SUITE T-5	20737 'ACHMENTS <i>REE</i> (3). <i>R.I.G.L.</i> 7-	
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File Date	6-23-08
Check No	20480
Ву:	mne
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Under penalty of perjury, I declare and affirm that report, including any accompanying schedules and s	
statements contained herein are true and correct.	m 6/18/08
Signature of Officer	Bate
ALICE J. COTE, RJM	
Dia T M COCC	

Print or Type Name of Officer **TREASURER** 

Title of Officer