

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street

Office of the Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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 tendity for of \$25.00

penalty fee of \$25.00.			<u> </u>		
1. Corporate ID No.	2. Name of Corporation	د سب	- 11.		
43894	Doreen A	. lom linson	Foundation	Gity	Ziti
3. State of Incorporation	4. Corporate address in R	bode Island - Street Address			02838
		list Dr	F	Manville	7/0
5. Foreign corporation. Enter pr	incipal office address		City	зине	2.47
			1	. ~ 1 . 1	<del></del>
6. Brief Description of the character FINANCIA/ AID	er of the affairs which are act for female	students	attending S	t. Raphael Acr	demy
in Pawtucke 7. names and address				CES BEFORE USING ATTA	
President Name			Vice President Name		
John W. Jom/1250n			Jo-Ann M. Enander		
Street Address			Street Address		
9 Blue Mis	<u> </u>	1	GHy	State	Zip
Manuel 110	State B. I.	02838	Manville	R.I	02833
Secretary Name			Treasurer Name	,	
Jo-Ann M. Enander			John W. lomsinson		
Street Address			Street Address		
9 Blue /	UST Dr		<del></del>	Vist Dr	Zij)
MANVILLE	State R.I	02838	MANVILLE	R.I.	02838
8. NAMES AND ADDRESS		RS: ("X" BOX FOR ATTA		11000 222 422	ACHMENTS
THE NUMBER OF DIREC	TORS OF A DOMEST	IC (RHODE ISLAND)	CORPORATION SHALL	<u>L NOT BE LESS THAN THE</u>	<u>REE</u> (3). R.I.G.L. 7-6-23
Director Name			Director Name		
David Tomlinson			Robert V. lomlinson		
Street Address			Street Address		
229 Bloom	Tield S	<del></del>	Gity	State 2	Ζψ
City of 1 of	State	0.2861	Cumberla	nd R.T	02864
PAWLUCKET_	1 Mst.	107887	Director Name	2707 1 1 1 1 1 1 1 1 1	
Director Name	- Aubin		1		
Street Address			Street Address		
123 Walrott St					
City	State	Zф	City	State	Zip
PAWTUCKET	R.I.	02860	1		I
9. REGISTERED AGENT	IN RHODE ISLAND				
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					
This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee					
this toport is	Tene or ordinar of ermo	•	•		

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File DateFILED	statements contained herein are true and correct.  John W Jonning 19/09  Signature of Officer  Day
Check No. JUN 0 2 2009	Tohn W. Tomlinson Print or Type Name of Officer
Pon secretary of state use only	President Title of Officer Form 631 Rev. 09/17