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State of Rhode Island and Providence Plantations
Office of the Secretary of State

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 2009

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.	2. Name of Corporation			
00002931	SISTERS of the Holy Cross and Passion			
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address		City	Zip
RI	1 WRIGHT	LANE	N. KINGSTOWN	02852
5. **Foreign corporation.** Enter principal office address		City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island

FINANCIAL BUSINESS INTERSTATE OF COMMUNITY of WOMEN RELIGIOUS

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
THERESINA SCULLY	AIDEEN LANGAN
Street Address: 1 WRIGHT LANE	Street Address: 1 WRIGHT LANE
City: N. KINGSTOWN State: RI Zip: 02852	City: N. KINGSTOWN State: RI Zip: 02852
Secretary Name	**Treasurer Name**
ELISSA RINERÉ	
Street Address: 7E WESTCHESTER HILLS	Street Address:
City: COLCHESTER State: CT Zip: 06415	City: State: Zip:

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ 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	Director Name
THERESINA SCULLY	ELISSA RINERÉ
Street Address: 1 WRIGHT LN	Street Address: 7E WESTCHESTER HILLS
City: N. KINGSTOWN State: RI Zip: 02852	City: COLCHESTER State: CT Zip: 06415
Director Name	**Director Name**
AIDEEN LANGAN	
Street Address: 1 WRIGHT LN	Street Address:
City: N. KINGSTOWN State: RI Zip: 02852	City: State: Zip:

9. REGISTERED AGENT IN RHODE ISLAND SISTER THERESINA SCULLY *has above

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

[redacted] [redacted]

FILED
File Date JUN 10 2009
Check No.
By: By

FOR SECRETARY OF STATE USE ONLY

34924-25-362706

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.

Theresina Scully, CP 5/25/09
Signature of Officer *Date*

THERESINA SCULLY
Print or Type Name of Officer

PRESIDENT
Title of Officer

[redacted]