



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.<br>71287                                                                                                                 |             | 2. Name of Corporation<br>Mary Rose Corporation                            |              |
| 3. State of Incorporation<br>Rhode Island                                                                                                    |             | 4. Corporate address in Rhode Island - Street Address<br>140 Nelson Street |              |
|                                                                                                                                              |             | City<br>Providence                                                         | Zip<br>02908 |
| 5. Foreign corporation. Enter principal office address<br>N/A                                                                                |             | City                                                                       | State<br>RI  |
|                                                                                                                                              |             | City                                                                       | Zip          |
| 6. Brief Description of the character of the affairs which are actually conducted in Rhode Island<br>Human Services                          |             |                                                                            |              |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS            |             |                                                                            |              |
| President Name<br>Dorothy P. James, Ph.D.                                                                                                    |             | Vice President Name<br>Dorothy P. James, Ph.D.                             |              |
| Street Address<br>140 Nelson St.                                                                                                             |             | Street Address<br>140 Nelson St.                                           |              |
| City<br>Providence                                                                                                                           | State<br>RI | City<br>Providence                                                         | State<br>RI  |
| Zip<br>02908                                                                                                                                 |             | Zip<br>02908                                                               |              |
| Secretary Name<br>Paul Florin                                                                                                                |             | Treasurer Name<br>Raymond Hetherington                                     |              |
| Street Address<br>95 Transit St.                                                                                                             |             | Street Address<br>140 Nelson St.                                           |              |
| City<br>Providence                                                                                                                           | State<br>RI | City<br>Providence                                                         | State<br>RI  |
| Zip<br>02906                                                                                                                                 |             | Zip<br>02908                                                               |              |
| 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<br>Muriel Cohen                                                                                                                |             | Director Name<br>Dorothy P. James, Ph.D.                                   |              |
| Street Address<br>65 Gibson St.                                                                                                              |             | Street Address<br>140 Nelson St.                                           |              |
| City<br>Narragansett                                                                                                                         | State<br>RI | City<br>Providence                                                         | State<br>RI  |
| Zip<br>02818                                                                                                                                 |             | Zip<br>02908                                                               |              |
| Director Name<br>Raymond Hetherington                                                                                                        |             | Director Name<br>none                                                      |              |
| Street Address<br>140 Nelson St.                                                                                                             |             | Street Address                                                             |              |
| City<br>Providence                                                                                                                           | State<br>RI | City                                                                       | State        |
| Zip<br>02908                                                                                                                                 |             | Zip                                                                        |              |
| 9. REGISTERED AGENT IN RHODE ISLAND<br>DOROTHY P. JAMES                                                                                      |             |                                                                            |              |
| 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

|                                 |             |
|---------------------------------|-------------|
| <b>FILED</b>                    |             |
| File Date                       | JUL 03 2009 |
| Check No.                       | By 3001     |
| By                              |             |
| 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.

Signature of Officer  
Dorothy P. James  
Date  
6/27/09  
Print or Type Name of Officer  
Dorothy P. James, Ph.D.  
Title of Officer  
President