

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No.	2. Exact name of the Corporation				
27269	Jeanne Jugan Residence of the Little Sisters of the Poor, Inc.				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island Care of the aged poor				
Rhode Island		o agou poo.			
5. Principal office address			City	State	Zip
964 Main Street			Pawtucket	RI	02860
OF INCOME. OF PERSONS (NAME)	ES AND ADDR	lESSES) ("X" BOX FO			Charles and Charles
President Name			Vice-President Name		
Sr. Catherine Frain			Sr. Prisca Goh		
Street Address			Street Address		
964 Main Street			964 Main Street		
City	State	Zip	City	State	Zip
Pawtucket	RI	02860	Pawtucket	RI	02860
Secretary Name			Treasurer Name		
Sr. Prisca Goh			Sr. Maria Rivera		
Street Address			Street Address		
964 Main Street			964 Main Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
		1	1- 4111444		1
** (*X* BOX FOR A) (ACHMEN	HESANDAU 1)	ALSES, MOLES Antonio de alemanista de Cal	EAND CORPORATIONS MUST	LIST NO LESS THAN	THREE (3) DIRECTORS
Director Name			Director Name		
Sr. Gertrude Crevan			Sr. Emilie Staib		
Street Address			Street Address		
964 Main Street			964 Main Street		
City	State	Zip	City	State	Zip
Pawtucket	RI	02860	Pawtucket	RI	02860
Director Name			Director Name		
Sr. Julie Thompson					
Street Address			Street Address		
964 Main Street	la.				
City	State	Zip	City	State	Zip
Pawtucket	RI	02860			
8. REGISTERED AGENT IN RHODE ISLAND This Information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					
		e Office of the Secret		ing Form 641.	

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

FILED	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.
Sy T203	Signature of Officer Sr. Catherine Frain
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer
Form No. 631	President
Revised: 05/2012	Title of Officer