



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. 000031287		2. Exact name of the Corporation MARY ROSE CORPORATION	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island HUMAN SERVICES	
5. Principal office address 140 NELSON STREET		City PROVIDENCE	State RI
		Zip 02908	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name DOROTHY P. JAMES, M.D.		Vice-President Name DOROTHY P. JAMES, PH.D.	
Street Address 140 Nelson St.		Street Address 140 Nelson St.	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
Secretary Name PAUL FLORIN, Ph.D.		Treasurer Name RAYMOND HETHERINGTON	
Street Address 95 Transit St.		Street Address 140 Nelson St.	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02908	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name MURIEL COHEN, MEd		Director Name DOROTHY P. JAMES, Ph.D.	
Street Address 65 Gibson St.		Street Address 140 Nelson St.	
City Narragansett	State RI	City Providence	State RI
Zip 02818		Zip 02908	
Director Name RAYMOND HETHERINGTON		Director Name none	
Street Address 140 Nelson St.		Street Address	
City Providence	State RI	City	State
Zip 02908		Zip	
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.			

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

File Date _____
 Check No _____
 By: **FILED**

FOR SECRETARY OF STATE USE ONLY
 JUL 19 2012
 3866

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.

Dorothy P. James 7/16/12
 Signature of Officer Date

DOROTHY P. JAMES
 Print or Type Name of Officer
 President
 Title of Officer