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 2013

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. **37629**	2. Exact name of the Corporation **Our Lady of Fatima High School, Inc.**
3. State of Incorporation **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island **Religious /Education**

5. Principal office address	City	State	Zip
13 MonkeyWrench Lane	Bristol	RI	02809-2916

. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Sister Dorothy Schwarz, SSD	13 MonkeyWrench Lane	Bristol	RI	02809-2916

Vice-President Name	Street Address	City	State	Zip
Sr. Mary Margaret Souza, SSD	13 MonkeyWrench Lane	Bristol	RI	02809-2916

Secretary Name	Street Address	City	State	Zip
Sister Isabel Borg Cardona,SSD	13 MonkeyWrench Lane	Bristol	RI	02809-2916

Treasurer Name	Street Address	City	State	Zip
Sr. Isabel Borg Cardona,SSD	13 MonkeyWrench Lane	Bristol	RI	02809-2916

. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Sr. Lisa Palazio	356 Market St.	Warren	RI	02885
Sr. Elizabeth Hayes	90 County St.	Taunton	MA	02780
Sr. Sharon McCarthy	1305 Hylan Blvd.	Staten Island	NY	10306
NONE				

. 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

FILED

File Date MAY 13 2013

Check No

By: **By** MMC

FOR SECRETARY OF STATE USE ONLY CR # 332

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.

Sr Dorothy Schwarz, SSD 5/10/13
Signature of Officer Date

Sister Dorothy Schwarz, SSD
Print or Type Name of Officer

President
Title of Officer

Form No. 631
Revised: 05/2012
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