



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 13 MonkeyWrench Lane		City Bristol	State RI	Zip 02809-2916	
. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Sister Dorothy Schwarz, SSD			Vice-President Name Sr. Mary Margaret Souza, SSD		
Street Address 13 MonkeyWrench Lane			Street Address 13 MonkeyWrench Lane		
City Bristol	State RI	Zip 02809-2916	City Bristol	State RI	Zip 02809-2916
Secretary Name Sister Isabel Borg Cardona, SSD			Treasurer Name Sr. Isabel Borg Cardona, SSD		
Street Address 13 MonkeyWrench Lane			Street Address 13 MonkeyWrench Lane		
City Bristol	State RI	Zip 02809-2916	City Bristol	State RI	Zip 02809-2916
. 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 Sr. Lisa Palazio			Director Name Sr. Elizabeth Hayes		
Street Address 356 Market St.			Street Address 90 County St.		
City Warren	State RI	Zip 02885	City Taunton	State MA	Zip 02780
Director Name Sr. Sharon McCarthy			Director Name NOISE		
Street Address 1305 Hylan Blvd.			Street Address NOISE		
City Staten Island	State NY	Zip 10306	City NOISE	State NOISE	Zip NOISE
. 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: mnc

FOR SECRETARY OF STATE USE ONLY CH # 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.

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

Sister Dorothy Schwarz, SSD
 Print or Type Name of Officer

President
 Title of Officer