



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. 102593		2. Exact name of the Corporation The Congregation of the Sisters of Divine Providence Generalate, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To establish a central house of the congregation.			
5. Principal office address 12 Christopher Street		City Wakefield	State RI	Zip 02879	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Sr. Janet Folkl, CDP		Vice-President Name Sr. Martha Yang, CDP			
Street Address 12 Christopher Street		Street Address 12 Christopher Street			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Sr. Claudia Ward, CDP		Treasurer Name Sr. Lydia Steele, CDP			
Street Address 12 Christopher Street		Street Address 12 Christopher Street			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
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 Sr. Monika Mrosek, CDP		Director Name Sr. Martha Yang, CDP			
Street Address 12 Christopher Street		Street Address 12 Christopher Street			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name Sr. Janet Folkl, CDP		Director Name			
Street Address 12 Christopher Street		Street Address			
City Wakefield	State RI	Zip 02879	City	State	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: _____
FOR SECRETARY OF STATE USE ONLY

FILED

MAY 30 2013

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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 Janet Folkl, CDP 5/29/13
 Signature of Officer Date

Sr. Janet Folkl, CDP

Print or Type Name of Officer

President

Title of Officer