

JUL 01 2013



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. 27269		2. Exact name of the Corporation Jeanne Jugan Residence of the Little Sisters of the Poor			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Care for the aged poor			
5. Principal office address 964 Main Street		City Pawtucket	State RI	Zip 02860	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Sr. Catherine Frain			Vice-President Name Sr. Prisca Goh		
Street Address 964 Main Street			Street Address 964 Main Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Sr. Prisca Goh			Treasurer Name R. Maria Rivera		
Street Address 964 Main Street			Street Address 964 Main Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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 R. Gertrude Crevan			Director Name R. Emilie Staib		
Street Address 964 Main Street			Street Address 964 Main Street		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Sr. Julie Thompson			Director Name		
Street Address 964 Main Street			Street Address		
City Pawtucket	State RI	Zip 02860	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

JUL 12 2013

BY 027409

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. Catherine Frain 6/26/13
 Signature of Officer Date

Sr. Catherine Frain
 Print or Type Name of Officer

President
 Title of Officer

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