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.**

SECRETARY OF STATE CORPORATIONS DIV 2013 JUL 30 AM 11:49

1. Entity ID No.	2. Exact name of the Corporation		
27488	Franciscan Missionaries of Mary		
3. State of incorporation: Rhode Island	4. Brief description of the character of business conducted in Rhode Island: General Missionary work and care of the sick		
5. Principal office address: 399 Friut Hill Avenue	City: North Providence	State: RI	Zip: 02911

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

President Name: Lois Ann Pereira,FMM			Vice-President Name: Nga Le, FMM		
Street Address: 3305 Wallace Avenue			Street Address: 4311 South Grove Avenue		
City: Bronx	State: NY	Zip: 10467	City: Stickney	State: IL	Zip: 60402
Secretary Name: Carmen Perez,FMM			Treasurer Name: Noreen Murray, FMM		
Street Address: 3305 Wallace Avenue			Street Address: 3305 Wallace Avenue		
City: Bronx	State: NY	Zip: 10467	City: Bronx	State: NY	Zip: 10467

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

Director Name: Loan Nguyen, FMM			Director Name: Patricia Barrett, FMM		
Street Address: 284 Foster Street			Street Address: 284 Foster Street		
City: Bridgton	State: MA	Zip: 02135	City: Bridgton	State: MA	Zip: 02135
Director Name: Mary Petrosky,FMM			Director Name:		
Street Address: 204 West 97th Street			Street Address:		
City: New York	State: NY	Zip: 10025	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 30 2013
BY: CH 202817

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 Noreen Murray fmm 7/22/13
Signature of Officer — Date

Sister Noreen Murray fmm
Print or Type Name of Officer

TREASURER
Title of Officer

Form No. 531
Revised: 05/2012
95180-1-877533