



**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. <b>27488</b>		2. Exact name of the Corporation <b>Franciscan Missionaries of Mary</b>	
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>General Missionary work and care of the sick</b>	
5. Principal office address <b>399 Friut Hill Avenue</b>		City <b>North Providence</b>	State <b>RI</b>
		Zip <b>02911</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES). IF BOX FOR ATTACHMENT <input type="checkbox"/>			
President Name <b>Lois Ann Pereira, FMM</b>		Vice-President Name <b>Nga Le, FMM</b>	
Street Address <b>3305 Wallace Avenue</b>		Street Address <b>4311 South Grove Avenue</b>	
City <b>Bronx</b>	State <b>NY</b>	City <b>Stickney</b>	State <b>IL</b>
Zip <b>10467</b>		Zip <b>60402</b>	
Secretary Name <b>Carmen Perez, FMM</b>		Treasurer Name <b>Noreen Murray, FMM</b>	
Street Address <b>3305 Wallace Avenue</b>		Street Address <b>3305 Wallace Avenue</b>	
City <b>Bronx</b>	State <b>NY</b>	City <b>Bronx</b>	State <b>NY</b>
Zip <b>10467</b>		Zip <b>10467</b>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS IF BOX FOR ATTACHMENT <input type="checkbox"/>			
Director Name <b>Loan Nguyen, FMM</b>		Director Name <b>Patricia Barrett, FMM</b>	
Street Address <b>284 Foster Street</b>		Street Address <b>284 Foster Street</b>	
City <b>Bridgton</b>	State <b>MA</b>	City <b>Bridgton</b>	State <b>MA</b>
Zip <b>02135</b>		Zip <b>02135</b>	
Director Name <b>Mary Petrosky, FMM</b>		Director Name	
Street Address <b>204 West 97th Street</b>		Street Address	
City <b>New York</b>	State <b>NY</b>	City	State
Zip <b>10025</b>		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**

**CU 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.

Signature of Officer

Print or Type Name of Officer

Title of Officer

Date