



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

2014

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 28942		2. Exact name of the Corporation Sisters of Saint Dorothy of Rhode Island, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Religious Evangelization through Education of Adults and Youth			
5. Principal office address 13 MonkeyWrench Lane		City Bristol		State RI	Zip 02809-2916
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Sister Dorothy Schwarz, SSD			Vice-President Name Sr. Lisa Palazzo, SSD		
Street Address 13 MonkeyWrench Lane			Street Address 360 Market Street		
City Bristol	State RI	Zip 02809-2916	City Warren	State RI	Zip 02885
Secretary Name Sr. Isabel Borg-Cardona			Treasurer Name Sr. Isabel Borg - Cardona		
Street Address 13 MonkeyWrench Lane			Street Address 13 MonkeyWrench Lane		
City Bristol	State RI	Zip 02809-2916	City Bristol	State RI	Zip 02809-2916
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. Elizabeth Hayes			Director Name Sr. Mary Sardinha		
Street Address 90 County St.			Street Address 90 County St.		
City Taunton	State Massachuset	Zip 02780	City Taunton	State Massachu	Zip 02780
Director Name Sr. Cynthia Mello, SSD			Director Name Sr. Sharon McCarthy		
Street Address PO Box 165			Street Address 1305 Hylan Blvd.		
City Progreso	State Texas	Zip 78579	City Staten Island	State NY	Zip 10305
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, duly Authorized Representative, Receiver or Trustee

FILED

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.

File Date _____

Check No _____

By: _____

JUN 02 2014

Sr. Dorothy Schwarz, SSD 5/29/14
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

Sr. Dorothy Schwarz, SSD
 Print or Type Name of Officer or Authorized Representative