RI SOS Filing Number: 201440367630 Date: 06/04/2014 12:43 PM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000059475

2. Name of Corporation St. Joseph of Cluny Sisters' School, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 75 BRENTON ROAD
City or Town: NEWPORT State: RI Zip: 02840 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 7 RESTMERE TERRACE

City or Town: MIDDLETOWN State: RI Zip: 02842 Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO OPERATE A SCHOOL OFFERING A BROAD AND COMPLETE EDUCATION IN THE ARTS AND SCIENCES WHERE IN THE RELIGIOUS MORAL CIVEL AND INTELLECTUAL RESPONSIBILITIES OF THE SUTDENTS ARE SET FORTH AND EMPHASIZED

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOANNE PARKER	7 RESTMERE TERRACE MIDDLETOWN, RI 02842 USA
VICE PRESIDENT	GENEVIEVE VIGIL	7 RESTMERE TERRACE

0-4524-0

		MIDDLETOWN, RI 02842 USA
DIRECTOR	EUGENIA BRADY	7 RESTMERE TERRACE MIDDLETOWN, RI 02842 USA
DIRECTOR	MARY JOSEPHINE GLYNN	7 RESTMERE TERRACE MIDDLETOWN, RI 02842 USA
DIRECTOR	GENEVIEVE VIGIL	7 RESTMERE TERRACE MIDDLETOWN, RI 02842 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOANNE PARKER 7 RESTMERE TERRACE MIDDLETOWN , RI 02842

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 4 Day of June, 2014 at 12:44:49 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOANNE PARKER
Signature of Authorized Person

Form No. 631
Revised 09/07