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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.	2. Exact name of the Corporation
27269	**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	City	State	Zip
964 Main Street	**Pawtucket**	**RI**	**02860**

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

President Name			Vice-President Name		
Sr. Mercy Andrades			**Sr. Veronica Coyle**		
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. Maria Rivera**			Treasurer Name **Sr. Mary Agnes McPhillips**		
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) ☐

Director Name			Director Name		
Sr. Emilie Staib			**Sr. Julie Thompson**		
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. Rose Readon**			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, duly Authorized Representative, Receiver or Trustee

FILED
JUN 13 2014
BY

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

X Sr. Mercy Andrades — **06/11/2014**
Signature of Officer or Authorized Representative — Date

Sr. Mercy Andrades
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014