



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

Foreign Non-Profit
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: 2015

1. Corporate ID No. 000156607

2. Name of Corporation Sisters of Mercy of the Americas Northeast Community, Inc.

3. State of Incorporation

State: MO

4. Corporate Address in Rhode Island

No. and Street: 15 HIGHLAND VIEW ROAD

City or Town: CUMBERLAND

State: RI Zip: 02864 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

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

HEALTH CARE AND EDUCATION

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JACQUELINE MARIE KIESLICH	15 HIGHLAND VIEW ROAD CUMBERLAND, RI 02864 USA
TREASURER	PATRICIA MORIARTY	15 HIGHLAND VIEW ROAD CUMBERLAND, RI 02864 USA
SECRETARY	PATRICIA FLYNN	15 HIGHLAND VIEW ROAD CUMBERLAND, RI 02864 USA
VICE PRESIDENT	MAUREEN MITCHELL	15 HIGHLAND VIEW ROAD CUMBERLAND, RI 02864 USA

DIRECTOR	MAUREEN MITCHELL	15 HIGHLAND VIEW ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	JACQUELINE MARIE KIELICH RSM	15 HIGHLAND VIEW ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	DONNA CONROY RSM	15 HIGHLAND VIEW ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	PATRICIA FLYNN	15 HIGHLAND VIEW ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	PATRICIA FLYNN	15 HIGHLAND VIEW ROAD CUMBERLAND, RI 02864 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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI
02888

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

Signed this 1 Day of May, 2015 at 3:35:01 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 JILL GEMMA
Signature of Authorized Person

Form No. 631
Revised 09/07

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