



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:** 2015

**1. Corporate ID No.** 000030211

**2. Name of Corporation** St. Joseph's Hospital School of Nursing Alumni Association

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 87 SCENERY LANE

City or Town: JOHNSTON

State: RI

Zip: 02919

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**

EDUCATIONAL AND SOCIAL

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	LILLIAN SPARFVEN	87 SCENERY LANE JOHNSTON, RI 02919 USA
TREASURER	MARY JEAN CROFT	75 KEACH DAM RD. CHEPACHET, RI 02814 USA
VICE PRESIDENT	HELEN PREVITY	376 WOODBINE ST.

		CRANSTON , RI 02910 USA
ASSISTANT SECRETARY	M. BERNADETTE KUROWSKI	40 LOUISIANA AVE. WARWICK , RI 02888 USA
CORRESPONDING SECRETARY	ELIZABETH DECOSTA	2 LEDGE ROAD BARRINGTON, RI 02806 USA
DIRECTOR	CATHERINE ROSE	3900 POST ROAD # 304 WARWICK , RI 02886 USA
DIRECTOR	GLENDA BUTLER	15 JOHNSON AVE. WARWICK , RI 02886 USA
DIRECTOR	TINA CORREIA	82 PERRYVILLE RD. REHOBOTH, MA 02769 USA
DIRECTOR	LINDA MARSELLA	85 WESTFIELD DR. EAST GREENWICH , RI 02818 USA
DIRECTOR	BARBARA BUSH	3 HAYFIELD LANE CUMBERLAND, RI 02864 USA
DIRECTOR	BARBARA CEDERHOLM	171 PLEASANT VIEW AVE. SMITHFIELD, RI 02917 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**

LILLIAN SPARFVEN 87 SCENERY LANE JOHNSTON , RI 02919

**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 June, 2015 at 12:05:09 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 MARY JEAN CROFT  
Signature of Authorized Person

Form No. 631  
Revised 09/07