



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

DEC 21 AM 9:26

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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. <u>139236</u>		2. Exact name of the Corporation <u>Lay Fraternities of St. Dominic</u>	
3. State of Incorporation <u>R.I.</u>		4. Brief description of the character of business conducted in Rhode Island <u>We are lay members of the Dominican Order. We are a group committed to prayer, study & community.</u>	
5. Principal office address <u>111 Isabella Ave</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02908</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Ann Rotondi</u>		Vice-President Name <u>Alice Dabney</u>	
Street Address <u>39 Amory St.</u>		Street Address <u>4 Morning Way</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Cumberland</u>	State <u>RI</u> Zip <u>02861</u>
Secretary Name <u>house Small</u>		Treasurer Name <u>Catherine Perrotti</u>	
Street Address <u>65 Village Rd</u>		Street Address <u>111 Isabella Ave</u>	
City <u>F. Bridgewater</u>	State <u>Mass</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02908</u>
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 <u>Ann Rotondi</u>		Director Name <u>Alice Dabney</u>	
Street Address <u>Same</u>		Street Address <u>Same</u>	
City	State	City	State Zip
Director Name <u>house Small</u>		Director Name <u>Catherine Perrotti</u>	
Street Address <u>Same</u>		Street Address <u>Same</u>	
City	State	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

DEC 21 2015

File Date _____ BY CU263708
 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.

Catherine Perrotti 12-21-15
 Signature of Officer or Authorized Representative Date

Catherine Perrotti
 Print or Type Name of Officer or Authorized Representative