



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 **2016**

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. 100016		2. Exact name of the Corporation FRANCISCAN APOSTOLIC SISTERS AUXILIARY (FASA)			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island To provide volunteer services to carry on the charity mission of the Franciscan Apostolic Sisters			
5. Principal office address 860 North Quiddnessett Rd		City North Kingstown		State RI	Zip 02852
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Marlin Osmena		Vice-President Name Wilma Lopez Lingad			
Street Address 34 Cottonwood Drive		Street Address 31 3rd Avenue			
City Cranston	State RI	Zip 02921	City East Islip	State NY	Zip 11730
Secretary Name Arlene Abueg		Treasurer Name Sister Lourdes de Leon, FAS			
Street Address 48 Pine Orchard Rd		Street Address 66 Fifth Avenue			
City West Warwick	State RI	Zip 02893	City East Greenwich	State RI	Zip 02818
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Sister Josephine Mata, FAS		Director Name Efren De Jesus			
Street Address 860 North Quiddnessett Rd		Street Address 123 Cowessett Rd			
City North Kingstown	State RI	Zip 02852	City Warwick	State RI	Zip 02886
Director Name Cecilia Llamas		Director Name Prudencio Canlas			
Street Address 41 Timberland Road		Street Address 201 Lantern Lane			
City Lincoln	State RI	Zip 02865	City North Kingstown	State RI	Zip 02852
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

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.

Sister Lourdes de Leon

Signature of Officer or Authorized Representative

5/16/2016

Date

Sister Lourdes de Leon, FAS

Print or Type Name of Officer or Authorized Representative

FILED
MAY 25 2016
BY 326 DS