RI SOS Filing Number: 201600581360 Date: 06/10/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
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
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
27488	Franciscan Missionaries of Mary
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	General missionary work and care of the sick

5. Principal Office Address	City	State	Zip
399 Fruit Hill Avenue	North Providence	RI	02911

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name Noreen Murray, FMM			Vice-President Name Sheila Lehmkuhle, FMM		
Street Address 3305 Wallace Avenue			Street Address 318 Mendon Road		
City Bronx	State NY	Zip 10467	City North Smithfield	State RI	Zip 02896
Secretary Name Mary Griffin, FMM			Treasurer Name Yen Nguyen, FMM		
Street Address 3305 Wallace Avenue			Street Address 3305 Wallace Avenue		
City Bronx	State NY	Zip 10467	City Bronx	State NY	Zip 10467

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name Barbara Dopierala, FMM			Director Name Betty Keegan, FMM		
Street Address 399 Fruit Hill Avenue			Street Address 8124 Edgemere Blvd		
City North Providence	State RI	Zip 02911	City El Paso	State TX	Zip 79925
Director Name Pauline Gilmore, FMM			Director Name		
Street Address 100 Port Washington Blvd			Street Address		
City Roslyn	State NY	Zip 11576	City	State	Zip

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
Noreen Murray, FMM	5/31/2016

Signature of Officer/Authorized Representative
Noreen Murray fmm SIGN DOCUMENT HERE

FILED
JUN 10 2016
BY 4449 DS

Form No. 631
Revised: 2016

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