



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: 2016

1. Corporate ID No. 000030867

2. Name of Corporation Corpus Christi Carmelite Sisters

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 40 WESTMINSTER STREET

City or Town: PROVIDENCE

State: RI Zip: 02903 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

RELIGIOUS FUNCTIONS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	SR PETRONILLA JOSEPH	MT CARMEL NOVITIATE TUNAPUNA, TT WI
VICE PRESIDENT	SR. MARY FLORENCE BLAVET	417 W. 17TH ST. KEARNEY, NE 68845 USA
DIRECTOR	SISTER MARY FLORENCE	MT.CARMEL HOME, 412 WEST 18TH STREET

	BLAVET	KEARNEY, NE 68847 USA
DIRECTOR	SR ANTOINTT FAHEY	HARMONEY HALL GASPARILLO, TT WI
DIRECTOR	SR. CLARE MARIE NERO	HARDUNG PLACE CORCORITE, TT WI

**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**

KIMBERLY I. MCCARTHY, ESQ. PARTRIDGE SNOW & HAHN LLP 40 WESTMINSTER STREET, SUITE
1100 PROVIDENCE , RI 02903

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

Signed this 20 Day of July, 2016 at 10:44:36 AM 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 SISTER MARY FLORENCE BLAVRT
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved