RI SOS Filing Number: 201602667350 Date: 07/27/2016 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

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CORPORATIONS DIV
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1. Entity ID Number	2. Exact name of the Corporation
98491	MORNING STAR CHRISTIAN CENTER INC DBA MOTHER OF MERCY CATHOLIC CENTER
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	TO NOURISH THE FAITH-LIFE OF CATHOLICS THROUGH CONFERENCES + CATHOLIC LITERATURE

5. Principal Office Address	City	State	Zip
175 WYNDHAM AVE	PROVIDENCE	RI	02908

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

President Name	Vice-President Name
KATHLEEN LILLA	NONE
Street Address: 175 WYNDHAM AVE	Street Address:
City: PROVIDENCE State: RI Zip: 02908	City: State: Zip:
Secretary Name	**Treasurer Name**
MARY ELLEN McQUEENEY-LALLY	KATHLEEN LILLA
Street Address: 11 RIVERVIEW DR	Street Address: 175 WYNDHAM AVE
City: N. PROVIDENCE State: RI Zip: 02904	City: PROVIDENCE State: RI Zip: 02908

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

Director Name	Director Name
KATHLEEN LILLA	FR. JAMES RUGGIERI
Street Address: 175 WYNDHAM AVE	Street Address: 239 REGENT AVE
City: PROVIDENCE State: RI Zip: 02908	City: PROVIDENCE State: RI Zip: 02908
Director Name	**Director Name**
MARY ELLEN McQUEENEY-LALLY	CHARLES MANSOLILLO
Street Address: 11 RIVERVIEW DR	Street Address: 6 ROCKLAND AVE
City: N. PROVIDENCE State: RI Zip: 02904	City: CRANSTON State: RI Zip: 02910

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
KATHLEEN LILLA Kathleen Lilla	July 26, 2016

Signature of Officer/Authorized Representative
Kathleen Lilla SIGN DOCUMENT HERE

FILED
JUL 27 2016
BY 280063

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

140396-1-1141562

FORM 631 - Revised: 05/2016