RI SOS Filing Number: 201609672780 Date: 09/30/2016 11:51 AM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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R.I. DEPT. OF STATE
BUS. SVCS. DIV.

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.

1. Entity ID Number	2. Exact name of the Corporation		
795560	**Magnificat - Our Lady of Divine Providence Chapter, Inc.**		
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island		
Rhode Island	**Encouraging Catholic women to grow in holiness and to support religious programs.**		
5. Principal Office Address	City	State	Zip
5 Danecroft Avenue,	**Greenville**	**RI**	**02828**

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

President Name **Linda Gatta**			Vice-President Name **Sheila Jarvis**		
Street Address **5 Danecroft Avenue**			Street Address **188 Hines Avenue**		
City **Greenville**	State **RI**	Zip **02828**	City **Cumberland**	State **RI**	Zip **02864**
Secretary Name **Edyie Rapone**			Treasurer Name **Diane Baron**		
Street Address **1854 Atwood Avenue**			Street Address **11 Circuit Drive**		
City **Johnston**	State **RI**	Zip **02919**	City **Cumberland**	State **RI**	Zip **02864**

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

Director Name **Linda Gatta**			Director Name **Sheila Jarvis**		
Street Address **5 Danecroft Avenue**			Street Address **188 Hines Avenue**		
City **Greenville**	State **RI**	Zip **02828**	City **Cumberland**	State **RI**	Zip **02864**
Director Name **Edyie Rapone**			Director Name **Diane Baron**		
Street Address **1854 Atwood Avenue**			Street Address **11 Circuit Drive**		
City **Johnston**	State **RI**	Zip **02919**	City **Cumberland**	State **RI**	Zip **02864**

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
Linda Gatta	9-28-16

Signature of Officer/Authorized Representative

Linda Gatta Pres. SIGN DOCUMENT HERE

11:51 AM

FILED

SEP 30 2016

By 284912

KM

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

FORM 631 - Revised: 05/2016