State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

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.

RECEIVED R.I. DEPT. OF STATE BUS SVCS DIV 2017 APR 20 AM 10: 05

1. Entity ID Number	2. Exact name of the Corporation
000028942	Sisters of Saint Dorothy of Rhode Island, Inc
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	Religious & related activities

5. Principal Office Address	City	State	Zip
13 Monkey Wrench Lane	Bristol	RI	02809

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

President Name Sister Sharon A. McCarthy, SSD			Vice-President Name Sister Dorothy Schwarz, SSD		
Street Address 1305 Hylan Blvd.			Street Address 13 Monkey Wrench Lane		
City Staten Island	State NY	Zip 10305	City Bristol	State RI	Zip 02809
Secretary Name Sister Caridad Portu, SSD			Treasurer Name Sister Isabel Borg-Cardona, SSD		
Street Address 1305 Hylan Blvd.			Street Address 13 Monkey Wrench Lane		
City Staten Island	State NY	Zip 10305	City Bristol	State RI	Zip 02809

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

Director Name Sister Sharon A. McCarthy, SSD			Director Name Sister Dorothy Schwarz, SSD		
Street Address 1305 Hylan Blvd.			Street Address 13 Monkey Wrench Lane		
City Staten Island	State NY	Zip 10305	City Bristol	State RI	Zip 02809
Director Name Sister Isabel Borg-Cardona			Director Name		
Street Address 13 Monkey Wrench Lane			Street Address		
City Bristol	State RI	Zip 02809	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
Sister Sharon A. McCarthy, SSD	April 17, 2017

Signature of Officer/Authorized Representative

Sr. Sharon A. McCarthy, SSD

10:07 **FILED**

APR 20 2017

BY 301487

MAIL TO:
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