

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.

1. Entity ID Number 30867		2. Exact name of the Corporation Corpus Christi Carmelite Sisters			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Religious functions			
4. NAICS Code 813990 - Other Similar Orgar					
6. Principal Office Address 40 Westminster Street, Suite 1100		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Sister Petronilla Joseph (Prioress General)			Vice-President Name Sister Mary Florence Blavet		
Street Address Mt. Carmel Novitiate			Street Address Mt. Carmel Home, 412 West 18th Street		
City Tunapa	State Trinidad	Zip W. Indies	City Kearney	State NE	Zip 68847
Secretary Name Sister Clare Marie Nero			Treasurer Name Sister Mary Florence Blavet		
Street Address Harding Place			Street Address Mt. Carmel Home, 412 West 18th Street		
City Cocorite	State Trinidad	Zip W. Indies	City Kearney	State NE	Zip 68847
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Sister Petronilla Joseph (Prioress General)			Director Name Sister Mary Florence Blavet		
Street Address Mt. Carmel Novitiate			Street Address Mr. Carmel Home, 412 West 18th Street		
City Tunapuna	State Trinidad	Zip W. Indies	City Kearney	State NE	Zip 68847
Director Name Sister Clare Marie Nero			Director Name		
Street Address Harding Place			Street Address		
City Cocorite	State Trinidad	Zip W. Indies	City	State	Zip
9. 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 Sister May Florence Blavet, Treasurer			Date 6/18/2017		
Signature of Officer/Authorized Representative <i>Sister May Florence Blavet</i>			BY 4816		

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615