



**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:** 2017

**1. Corporate ID No.** 000030211

**2. Name of Corporation** St. Joseph's Hospital School of Nursing Alumni Association

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

611310

**4. Corporate Address in Rhode Island**

No. and Street: 87 SCENERY LANE

City or Town: JOHNSTON

State: RI

Zip: 02919

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**

EDUCATIONAL AND SOCIAL

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	LILLIAN SPARFVEN	87 SCENERY LANE JOHNSTON, RI 02919 USA
TREASURER	MARY JEAN CROFT	75 KEACH DAM RD. CHEPACHET, RI 02814 USA
CORRESPONDING SECRETARY	ELIZABETH DECOSTA	2 LEDGE ROAD BARRINGTON, RI 02806 USA
ASSISTANT SECRETARY	M. BERNADETTE KUROWSKI	40 LOUISIANA AVE. WARWICK , RI 02888 USA
VICE PRESIDENT	PATRICIA STILLINGS MAC CULLOCH	27 AVON DRIVE HUDSON, MA 01749 USA
DIRECTOR	GLENDIA BUTLER	15 JOHNSON AVE. WARWICK , RI 02886 USA
DIRECTOR	JULIE-ANN GREENHALGH	1 GRAY COACH LANE # 107 CRANSTON , RI 02921 USA
DIRECTOR	MARIE KOEHLER	83 MIDDLE HWY BARRINGTON, RI 02806 USA
DIRECTOR	JULIE WOOD	169 SOUTH RD. EXETER, RI 02822 USA
DIRECTOR	HELEN PREVITY	376 WOODBINE STREET CRANSTON , RI 02910 USA
DIRECTOR	KAREN HAIDEMENOS	53 OKINAWA AVE. WARWICK , RI 02889 USA

**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**

LILLIAN SPARFVEN 87 SCENERY LANE JOHNSTON , RI 02919

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

**Signed this 17 Day of June, 2017 at 2:35:05 PM 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 MARY JEAN CROFT, TREASURER  
Signature of Authorized Person

Form No. 631  
Revised 09/07