

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.

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 BUS SVCS DIV
 2017 JUL 12 PM 12: 50

1. Entity ID Number 62603		2. Exact name of the Corporation Mount St. Rita Health Centre			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Charitable and scientific purposes			
5. Principal Office Address 15 Sumner Brown Road			City Cumberland	State RI	Zip 02864
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name William Fleming			Vice-President Name		
Street Address 15 Sumner Brown Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Joseph Malley			Treasurer Name Peter Keenan		
Street Address 15 Sumner Brown Road			Street Address 15 Sumner Brown Road		
City Cumberland	State RI	Zip 02864	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 <input checked="" type="checkbox"/>					
Director Name Kenneth Arnold			Director Name Sr. Mary Costello		
Street Address 15 Sumner Brown Road			Street Address 15 Sumner Brown Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Stephanie Igoe			Director Name Peter Keenan		
Street Address 15 Sumner Brown Road			Street Address 15 Sumner Brown Road		
City Cumberland	State RI	Zip 02864	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative WILLIAM P. FLEMING				Date June 30, 2017	
Signature of Officer/Authorized Representative <i>William P. Fleming</i>					

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

FILED
 JUL 12 2017
 BY *[Signature]* 308067

**NON PROFIT CORPORATION
ANNUAL REPORT FOR THE YEAR 2017
Additional Information Sheet 1 of 1**

MOUNT ST. RITA HEALTH CENTRE

CORPORATE I.D. No: 62603

6. List ALL officers (names and addresses) (cont.)

<i>Name</i>	<i>Address</i>	<i>Title</i>
William Fleming	15 Sumner Brown Road Cumberland, RI 02864	Administrator
Kenneth Arnold	15 Sumner Brown Road Cumberland, RI 02864	Chairman
Patricia S. Vieira, APR	15 Sumner Brown Road Cumberland, RI 02864	Vice Chair

7. List ALL directors (names and addresses) (cont.)

<i>Name</i>	<i>Address</i>
Joseph J. Malley	15 Sumner Brown Road Cumberland, RI 02864
Sr. Rose Angela McLellan, RSM, MS, NHA	15 Sumner Brown Road Cumberland, RI 02864
Deborah Servello	15 Sumner Brown Road Cumberland, RI 02864
Patricia S. Vieira, APR	15 Sumner Brown Road Cumberland, RI 02864
Thomas Wallace	15 Sumner Brown Road Cumberland, RI 02864