

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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|---|-----------------|--|--|------------------------------|------------------|
| 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. | | | | | |
| <small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small> | | | | | |
| 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

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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 |