



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
 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 28934		2. Exact name of the Corporation Sisters Faithful Companions of Jesus in Portsmouth, Rhode Island, Incorporated			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Dwelling - Ownership of Real Estate			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 324 Cory's Lane			City Portsmouth	State R.I.	Zip 02871
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sr. Bonita M. Moser			Vice-President Name Sr. Imelda Toomey		
Street Address 300 Palmerston Avenue			Street Address 324 Cory's Lane		
City Toronto	State ON	Zip M6J 2J4	City Portsmouth	State R.I.	Zip 02871
Secretary Name Sr. Marie Therese Dyer			Treasurer Name Sr. Ann Marie Walsh		
Street Address 573 High Street			Street Address 219-19 Ave. S.W.		
City Fall River	State MA	Zip 02720	City Calgary	State AB	Zip T2S 0C8
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Sr. Bonita M. Moser			Director Name Sr. Imelda Toomey		
Street Address 300 Palmerston Avenue			Street Address 324 Cory's Lane		
City Toronto	State ON	Zip M6J 2J4	City Portsmouth	State R.I.	Zip 02871
Director Name Sr. Marie Therese Dyer			Director Name Sr. Ann Marie Walsh		
Street Address 573 High Street			Street Address 219-19 Ave. S.W.		
City Fall River	State MA	Zip 02720	City Calgary	State AB	Zip T2S 0C8
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.					
<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 Sr. Bonita M. Moser					Date 07/06/18
Signature of Officer/Authorized Representative Bonita M. Moser					

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

SIGN DOCUMENT HERE **FILED**
JUN 11 2018
 BY **2039**