



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2018**

Filing Period: June 1 - June 30 - This report must be typed or printed legibly.

Filing Fee: \$20.00 - FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 795560		2. Exact name of the Corporation Magnificat - Our Lady of Divine Providence Chapter, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Encouraging Catholic women to grow in holiness and to support religious programs. <i>81310</i>			
5. Principal office address 5 Danecroft Avenue		City Greenville	State RI	Zip 02828	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Linda Gatta		Vice-President Name Sheila Jarvis			
Street Address 5 Danecroft Avenue		Street Address 188 Hines Avenue			
City Greenville	State RI	Zip 02828	City Cumberland	State RI	Zip 02864
Secretary Name Edyle Rapone		Treasurer Name Diane Baron			
Street Address 1854 Atwood Avenue		Street Address 11 Circuit Drive			
City Johnston	State RI	Zip 02919	City Cumberland	State RI	Zip 02864
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Linda Gatta		Director Name Sheila Jarvis			
Street Address 5 Danecroft Avenue		Street Address 188 Hines Avenue			
City Greenville	State RI	Zip 02828	City Cumberland	State RI	Zip 02864
Director Name Edyle Rapone		Director Name Diane Baron			
Street Address 1854 Atwood Avenue		Street Address 11 Circuit Drive			
City Johnston	State RI	Zip 02919	City Cumberland	State RI	Zip 02864
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____
Check No _____
By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Linda Gatta

6-13-18

Signature of Officer or Authorized Representative

Date

Linda Gatta

Print or Type Name of Officer or Authorized Representative

FILED

JUN 18 2018

BY *256 DS*