



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

2019 JUN -3 AM 10:39
 SECRETARY OF STATE
 CORPORATIONS DIVISION

Annual Report for the year: 2019
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 139236		2. Exact name of the Corporation Lay Fraternities of St. Dominic			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Lay members of the Dominican Order. Group committed to prayer, study community and apostolic work.			
4. NAICS Code 813110					
6. Principal Office Address 39 Amory Street		City Providence	State RI	Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ann Rotondi		Vice-President Name Malcolm Vakalis			
Street Address 39 Amory St.		Street Address 56 Goodwin Street			
City Providence	State RI	Zip 02904	City East Greenwich	State RI	Zip 02818
Secretary Name Louise Small		Treasurer Name Sandra Gaumont			
Street Address 65 Village Rd.		Street Address 162 Mineral Spring Ave.			
City East Bridgewater	State MA	Zip 02333	City Pawtucket	State RI	Zip 02860
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 Ann Rotondi		Director Name Malcolm Vakalis			
Street Address same		Street Address same			
City	State	Zip	City	State	Zip
Director Name Louise Small		Director Name Sandra Gaumont			
Street Address same		Street Address same			
City	State	Zip	City	State	Zip
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.					
<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 Ann Rotondi					Date 6/1/19
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE

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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