



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

SECRET
 FOREIGN CORPORATIONS DIV

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1. Entity ID Number 27488		2. Exact name of the Corporation Francisan Missionaries of Mary			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island General missionary work and care of the sick			
4. NAICS Code 813110 - Religious Organiza					
6. Principal Office Address 399 Fruit Hill Avenue			City North Providence	State RI	Zip 02911
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Noreen Murray, FMM			Vice-President Name Sheila Lehmkuhle, FMM		
Street Address 3305 Wallace Avenue			Street Address 3180 Mendon Road		
City Bronx	State NY	Zip 10467	City North Smithfield	State RI	Zip 02896
Secretary Name Mary Griffin, FMM			Treasurer Name Yen Nguyen, FMM		
Street Address 3305 Wallace Avenue			Street Address 3305 Wallace Avenue		
City Bronx	State NY	Zip 10467	City Bronx	State NY	Zip 10467
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 Barbara Dopierals, FMM			Director Name Betty Keegan, FMM		
Street Address 399 Fruit Hill Avenue			Street Address 8124 Edgemere Blvd		
City North Providence	State RI	Zip 02911	City El Paso	State TX	Zip 79925
Director Name Pauline Gilmore, FMM			Director Name		
Street Address 100 Port Washington Blvd			Street Address		
City Roslyn	State NY	Zip 11576	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 Noreen Murray, FMM				Date 5/29/19	
Signature of Officer/Authorized Representative <i>Noreen Murray, FMM</i>					

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BY *CU D43AE* FORM 631 - Revised: 03/2019