



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2019

**1. Corporate ID No.** 000112719

**2. Name of Corporation** MERCYMOUNT COUNTRY DAY SCHOOL

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

611110

**4. Corporate Address in Rhode Island**

No. and Street: 35 WRENTHAM ROAD

City or Town: CUMBERLAND

State: RI

Zip: 02864

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town:

State:

Zip:

Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO MAINTAIN AND CONDUCT AN INSTITUTION FOR EDUCATION OF YOUTH IN COLLEGE, ELEMENTARY AND SECONDARY SCHOOLS AND SUCH OTHER DEPARTMENTS OF LEARNING AS MAY BE DETERMINED BY THE CORPORATION. EXCLUSIVELY FOR RELIGIOUS CHARITABLE SCIENTIFIC AND EDUCATIONAL PURPOSES WITHIN THE MEANING OF SECTION 501C3 OF THE INTERNAL REVENUE CODE OF 1986 AS AMENDED

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	SUSAN MORRISSEY	8 BRAMBLE CIR ROCKLAND, MA 02370 USA
TREASURER	JOANNE L BERUBE	353 WOODLAND ROAD WOONSOCKET, RI 02895 USA
DIRECTOR	PETER COSTA	59 CURRAN ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	BRIAN LYNCH	72 WINDSONG RD CUMBERLAND, RI 02864 USA
DIRECTOR	CARLA LYNCH	72 WINDSONG RD CUMBERLAND, RI 02864 USA
DIRECTOR	KATHLEEN TURLEY RSM	39 DOUGLAS TERRACE NORTH PROVIDENCE, RI 02904 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOANNE L BERUBE 35 WRENTHAM ROAD CUMBERLAND , RI 02864

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

**Signed this 8 Day of July, 2019 at 1:31:33 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By JOANNE BERUBE  
Signature of Authorized Person

Form No. 631  
Revised 09/07