



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year: 2019
Non-Profit Corporation

2019 JUL 19 PM 3:43

- 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 62603		2. Exact name of the Corporation Mount St. Rita Health Centre			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Charitable and scientific purposes			
4. NAICS Code 813319 - Other Social Advoc					
6. Principal Office Address 15 Sumner Brown Road			City Cumberland	State RI	Zip 02864
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name William P. Fleming			Vice-President Name		
Street Address 15 Sumner Brown Road			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Joseph Malley			Treasurer Name Peter Keenan		
Street Address 15 Sumner Brown Road			Street Address 15 Sumner Brown Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Sr. Mary Costello			Director Name William P. Fleming		
Street Address 15 Sumner Brown Road			Street Address 15 Sumner Brown Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Director Name Peter Keenan			Director Name Joseph J. Malley		
Street Address 15 Sumner Brown Road			Street Address 15 Sumner Brown Road		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
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 William P. Fleming					Date 7.18.19
Signature of Officer/Authorized Representative <i>William P. Fleming</i>					

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