



**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. 000030918

2. Name of Corporation SALVE REGINA UNIVERSITY

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

6

611310

4. Corporate Address in Rhode Island

No. and Street: 100 OCHRE POINT AVENUE

City or Town: NEWPORT

State: RI Zip: 02840 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

EDUCATIONAL

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DR. JANE GERETY RSM	100 OCHRE POINT AVENUE NEWPORT, RI 02840 USA
TREASURER	MARYPATRICIA MURPHY	780 ACADEMY AVE NEWPORT, RI 02840 USA
SECRETARY	MARYPATRICIA MURPHY	780 ACADEMY AVE NEWPORT, RI 02840 USA
DIRECTOR	CHRISTINE KAVANAGH	125 TYNDALL AVE PROVIDENCE, RI 02908 USA
DIRECTOR	MARIE J. LANGLOIS	254 WAYLAND AVE PROVIDENCE, RI 02906 USA
DIRECTOR	ELLIOT E. MAXWELL	5001 WORTHINGTON DR. BETHESDA, MD 20816 USA
DIRECTOR	BERNARD F MCKAY	6654 MADISONMCLEAN DR MCLEAN, VA 22101 USA
DIRECTOR	JOHN J. CONEYS	813 MARBURY LN LONGBOAT KRY, FL 34228 USA
DIRECTOR	PETER CROWLEY	186 BELLEVUE AVE. NEWPORT, RI 02840 USA
DIRECTOR	MARY ANN DILLON	228 EAST EAGLE RD HAVERTOWN, PA 19083 USA
DIRECTOR	NORMAN R. BERETTA	869 SMITHFIELD AVE. LINCOLN, RI 02865 USA
DIRECTOR	PAUL A. PERRAULT	131 CLARNDON ST. BOSTON, MA 02116 USA
DIRECTOR	JANET L ROBINSON	164 EAST 72ND ST. #11A NEW YORK, NY 10021 USA
DIRECTOR	DENICE M SPERO	48 PERRY ST NEWPORT, RI 02840 USA
DIRECTOR	MICHAEL A. STAFF	640 IROQUOIS ST. ORADELL, NJ 07649 USA
DIRECTOR	JULIA A. UPTON	600 CONVENT RD SYOSSET, NY 11791 USA
DIRECTOR	DAVID G. BAZARSKY	869 SMITHFIELD AVE. LINCOLN, RI 02865 USA
DIRECTOR	CHRISTOPHER L. CARNEY	P.O. BOX 240 SOUTH EASTON, MA 02375 USA
DIRECTOR	SARAH RODGERS MCNEILL	P.O. BOX 206 NEWPORT, RI 02840 USA
DIRECTOR	THOMAS RODGERS IV	104 E. GENESEE ST SKANEATELES, NY 13152 USA
DIRECTOR	KATHLEEN B. WALGREEN	155 N. MAYFLOWER RD. LAKE FOREST, IL 60045 USA
DIRECTOR	CHERYL MROZOWSKI	25 SPOUTING ROCK RD. NEWPORT, RI 02840 USA
DIRECTOR	MICHAEL E MCMAHON	60 HOMMOND HILL SAUNDERSTOWN, RI 02874 USA
DIRECTOR	ROBERT P MORAN JR.	1724 CHANTILLY LN CHESTER SPRINGS, PA 19425 USA
DIRECTOR	DAVID W. NELSON	3405 CREST LN FORT LEE, NJ 07024 USA

DIRECTOR	J. TIMOTHY OREILLY	627 BLACK POINT LN PORTSMOUTH, RI 02871 USA
DIRECTOR	DENNIS L ALGIERE	23 BROAD STREET WESTERLY, RI 02891 USA
DIRECTOR	LILY H BENTAS	165 FLANDERS ROAD WESTBOROUGH, MA 01581 USA
DIRECTOR	TIMOTHY P BURNS	25 COTTONTAIL DR. PORTSMOUTH, RI 02871 USA
DIRECTOR	DAVID T LOCKE	107 OLD FORGE ROAD WARWICK, RI 02818 USA
DIRECTOR	WILLIAM F LUCEY	230 TROUT DRIVE MIDDLETOWN, RI 02842 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

STEPHEN A. HAIRE, ESQ. AQUIDNECK CORPORATE PARK 97 JOHN CLARKE ROAD
MIDDLETOWN , RI 02842

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

Signed this 30 Day of July, 2019 at 4:10:52 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 JEREMIAH C, LYNCH, III
Signature of Authorized Person

Form No. 631
Revised 09/07