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

Certificate of Authority

FOREIGN Non-Profit Corporation

--> Filing Fee: \$50.00

Pursuant to the provisions of RIGL <u>7-6-74</u>, the undersigned foreign non-profit corporation hereby applies for a Certificate of Authority to conduct affairs in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is:

Sisters of Mercy of the Americas, Inc.

1a. The name, if different, which it elects to use in Rhode Island is:

*If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application.

2. It is incorporated under the laws of:

3. The date of its incorporation is:

Date certain for dissolution _

November 9, 2009

Missouri

And the period of its duration is: CHECK ONLY ONE BOX

Perpetual (on-going)

4. The address of its principal place of business is:

8403 Colesville Rd, Sulte 400 Silver Spring, MD 20910

5. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name Corporation Service Company

Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Suite 200

City/Town Warwick	State RHODE ISLAND	Zip Code 02888

MAIL TO: Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040 Website: www.sos.ri.gov

FILED **a** 9 2020 T FORM 250 - Revised: 09/2017

202

. DEPTLOF STATE

2020 OCT -9 PM 12: 17

6. The purpose or purposes which it proposes to pursue in the conducting its affairs in Rhode Island:

Sisters of Mercy of the Americas, Inc. is a Nonprofit Corporation organized and operated exclusively for religious, charitable and social service pruposes. Services are provided to the poor and sick consistent with Sisters of Mercy Mission. Business activities within the state will be hiring of employees in furtherance of charitable works.

		Check the box	to indicate an attachment	
7. The names	and respective addresses of its directors and of	ficers are:		
OFFICE	NAME	ADDRESS		
Director	Judith Frikker, RSM	8403 Colesville Rd. Suite 400	, Silver Spring, MD 20910	
Director	Aine O'Connor, RSM	8403 Colesville Rd. Suite 400, Silver Spring, MD 20910		
Director				
President	Patricia McDermott, RSM	8403 Colesville Rd. Suite 400, Silver Spring, MD 20910		
Vice President	Patricia Flynn, RSM	8403 Colesville Rd. Sulte 400, Silver Spring, MD 20910		
Treasurer	Anne Marie Miller, RSM	8403 Colesville Rd. Suite 400, Silver Spring, MD 20910		
Secretary	Anne Marie Miller, RSM	8403 Colesville Rd. Suite 400, Silver Spring, MD 20910		
		Check the box	to indicate an attachment	
8. This applic formation dat	ation must be accompanied by a <u>Certificate of C</u> ed within 60 days of the date of this filing.	Good Standing/Letter of Status fr	om the state or country of	
Under penalt	y of perjury, we declare and affirm that we have nying attachments, and that all statements cont	examined this Application for Ce ained herein are true and correc	rtificate of Authority, including	
Type or Print Name of 🖸 President OR 🗌 Vice President		Date		
Patricia McDermott, RSM		9/25/2020		
	President OR Vice President SIGN DUCE	MENTELLE		
Type of Print Name of Secretary OR Assistant Secretary		Date		
Anne Marie Miller, RSM		9/25/2020		
Signature of	Secretary OR Assistant Secretary	UNTER		



John R. Ashcroft Secretary of State

MISSO

CERTIFICATE OF GOOD STANDING

I, John R. Ashcroft, Secretary of State of the STATE OF MISSOURI, do hereby certify that the records in my office and in my care and custody reveal that

Sisters of Mercy of the Americas, Inc.

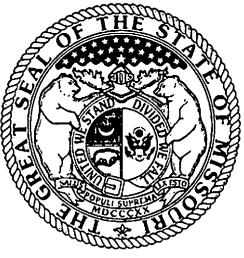
N01009381

A Missouri entity was created under the laws of this State on 11/9/2009, and in Good Standing, having fully complied with all the requirements of this office.

IN TESTIMONY WHEREOF, I hereunto set my hand and cause to be affixed the GREAT SEAL of the State of Missouri. Done at the City of Jefferson, the 1st day of October, 2020.

ecretary of State

Certification Number: CERT-IN27364



State of Rhode Island Department of State | Office of the Secretary of State Nellie M. Gorbea, Secretary of State

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

October 09, 2020 12:17 PM

Tulli U. Hole

Nellie M. Gorbea Secretary of State

