



Department of State - Business Services Division

Annual Report for the year: 2020
 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.

FILED
 APR 06 2021
 BY 13433
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1. Entity ID Number 795560		2. Exact name of the Corporation Magnificat - Our Lady of Divine Providence Chapter Inc			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Encouraging Catholic women to grow in holiness and to support religious programs			
4. NAICS Code 813110 - Religious Organiza					
6. Principal Office Address Danecroft Avenue		City Greenville	State RI	Zip 02828	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Linda Gatta			Vice-President Name Sheila Jarvis		
Street Address 5 Danecroft Avenue			Street Address 188 Hines Avenue		
City Greenville	State RI	Zip 02828	City Cumberland	State RI	Zip 02864
Secretary Name Edyle Rapone			Treasurer Name Diane Baron		
Street Address 1854 Atwood Avenue			Street Address 11 Circuit Drive		
City Johnston	State RI	Zip 02919	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 type="checkbox"/>					
Director Name Linda Gatta			Director Name Sheila Jarvis		
Street Address 5 Danecroft Avenue			Street Address 188 Hines Avenue		
City Greenville	State RI	Zip 02828	City Cumberland	State RI	Zip 02864
Director Name Edyle Rapone			Director Name Diane Baron		
Street Address 1854 Atwood Avenue			Street Address 11 Circuit Drive		
City Johnston	State RI	Zip 02919	City Cumberland	State RI	Zip 028614
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 Diane Baron					Date 3/16/21
Signature of Officer/Authorized Representative <i>Diane Baron</i>					SIGN DOCUMENT HERE

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