



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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 21 2021
BY 6042 OS

1. Entity ID Number 000139236		2. Exact name of the Corporation Lay Fraternities of St. Dominic	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious Lay organization meets once per month for prayers and community, study & Apostolate.	
4. NAICS Code 813110			
6. Principal Office Address 39 Amory Street		City Providence	State RI
		Zip 02904	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Mr. Malcolm Vakalis, O.P.		Vice-President Name Ann Rotondi	
Street Address 56 Goodwin St.		Street Address 39 Amory St.	
City E. Greenwich	State RI	City Providence	State RI
Zip 02818		Zip 02904	
Secretary Name Alice Dabney		Treasurer Name Don Furlong	
Street Address 4 Morning Way		Street Address PO Box 53, 54 Main St.	
City Cumberland	State RI	City Swansea	State MA
Zip 02864		Zip 02777	
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 Ann Rotondi		Director Name Malcolm Vakalis	
Street Address 39 Amory St		Street Address 56 Goodwin St	
City PM	State RI	City Greenwich	State RI
Zip 02904		Zip 02818	
Director Name Alice Dabney		Director Name	
Street Address 4 Morning Way		Street Address	
City Cumberland	State RI	City	State
Zip 02864		Zip	
9. The Registered Agent information of record with the RI Department of State is accurate. 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.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Malcolm Vakalis			Date 4/15/2021
Signature of Officer/Authorized Representative			