



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

FILED

Annual Report for the year: 2021
Non-Profit Corporation

JUL 14 2021 STAMP

BY 7348

- 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 27488		2. Exact name of the Corporation Francisan Missionaries of Mary			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island General missionary work and care of the sick			
4. NAICS Code 813110 - Religious Organiza					
6. Principal Office Address 399 Fruit Hill Avenue		City North Providence	State RI	Zip 02911	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Noreen Murray, FMM		Vice-President Name Sheila Lehmkuhle, FMM			
Street Address 3305 Wallace Avenue		Street Address 318 Mendon Road			
City Bronx	State NY	Zip 10467	City North Smithfield	State RI	Zip 02896
Secretary Name Mary Griffin, FMM		Treasurer Name Yen Nguyen, FMM			
Street Address 3305 Wallace Avenue		Street Address 3305 Wallace Avenue			
City Bronx	State NY	Zip 10467	City Bronx	State NY	Zip 10467
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 Barbara Dopierais, FMM		Director Name Margaret Culloty, FMM			
Street Address 399 Fruit Hill Avenue		Street Address 4311 South Grove Avenue			
City North Providence	State RI	Zip 02911	City Stickney	State IL	Zip 60402
Director Name Cecilia Thuy Nguyen, FMM		Director Name			
Street Address 100 Port Washington Blvd		Street Address			
City Roslyn	State NY	Zip 11576	City	State	Zip
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 Noreen Murray, FMM				Date 06/16/2021	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov