



**State of Rhode Island  
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: February 1 - May 1

*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:** 2022

**1. Corporate ID No.** 000030211

**2. Name of Corporation** St. Joseph's Hospital School of Nursing Alumni Association

**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

**4. Principal Office Address**

No. and Street: 87 SCENERY LANE  
City or Town: JOHNSTON State: RI Zip: 02919 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

EDUCATIONAL AND SOCIAL

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LILLIAN SPARFVEN	87 SCENERY LANE JOHNSTON, RI 02919 USA
SECRETARY	COLLEEN PRINTER	194 ARNOLD RD

		COVENTRY, RI 02816 USA
VICE PRESIDENT	DIANE SANTANIELLO	1872 SMITH ST. #1 NORTH PROVIDENCE, RI 02911 USA
ASSISTANT SECRETARY	LUCILLE GIRARD	44 HARRIS AVE WEST WARWICK , RI 02893 USA
TREASURER	DONNA M ALLARD	7 WELCOME RD SMITHFIELD, RI 02917 USA
DIRECTOR	FANNIE DAVEY	68 SERREL SWEET ROADD JOHNSTON, RI 02919 USA
DIRECTOR	JULIE DROLET	85 BEACHMONT AVE. BRISTOL, RI 02809 USA
DIRECTOR	KAREN HAIDEMENOS	53 OKINAWA AVE. WARWICK, RI 02889 USA
DIRECTOR	BARBARA BUSH	2970 MENDON RD. # 181 CUMBERLAND, RI 02864 USA
DIRECTOR	TINA CORREIA	82 PERRYVILLE RD. REHOBOTH, MA 02769 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LILLIAN SPARFVEN 87 SCENERY LANE JOHNSTON , RI 02919

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

**Signed this 24 Day of February, 2022 at 12:12:15 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 DONNA M ALLARD  
Signature of Authorized Person

Form No. 631  
Revised 09/07