



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 21 2023

4724

1. Entity ID Number 000085856		2. Exact name of the Corporation Franciscan Apostolic Sisters, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A Religious congregation of women organized to perform apostolic and evangelical work.			
4. NAICS Code 813110 - Religious Organization					
6. Principal Office Address 66 Fifth Avenue			City East Greenwich	State RI	Zip 02818
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sister Zenaida Vasallo, FAS			Vice-President Name Sister Nemesia Licayu, FAS		
Street Address 622 Putnam Pike			Street Address 622 Putnam Pike		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Sister Lourdes de Leon, FAS			Treasurer Name Sister Lourdes de Leon, FAS		
Street Address 66 Fifth Avenue			Street Address 66 Fifth Avenue		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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 Sister Zenaida Vasallo, FAS			Director Name Sister Nemesia Licayu, FAS		
Street Address 622 Putnam Pike			Street Address 622 Putnam Pike		
City 622 Putnam Pike	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Director Name Sister Lourdes de Leon, FAS			Director Name Sister Maria Magdalena Obispo, FAS		
Street Address 66 Fifth Avenue			Street Address 600 Monroe St.		
City East Greenwich	State RI	Zip 02818	City Peoria	State IL	Zip 61603
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.					
<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 Sister Lourdes de Leon, FAS				Date February 14, 2023	
Signature of Officer/Authorized Representative 					