RI SOS Filing Number: 202449120990 Date: 3/18/2024 4:00:00 PM

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State of Rhode Island Department of State - Business Services Division

Annual Report for the year:	2024
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

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Penalty: Additional \$25.00 fee	if form is not filed b	y May 31.			<u>//</u>	
1. Entity ID Number 000085856		2. Exact name of the Corporation Franciscan Apostolic Sisters, Inc.				
3. State of Incorporation Rhode Island 4. NAICS Code 813110		congregation	er of business conducted in Rhode of women organized to pe		lic and	
6. Principal Office Address	<u>.l.,</u>		City	State	Zip	
66 Fifth Avenue			East Greenwich	RI	02818	
7. List ALL officers (names and a	ddresses)		Check	the box to indicate a	n attachment	
President Name Sister Zenaida Vasallo, FAS			Vice-President Name Sister Nemosia Licayu, FAS			
Street Address 622 Putnam Pike			Street Address 622 Putnam Pike			
City Greenville	State RI	^{Zip} 02828	City Greenville	State RI	Z _{IP} 02828	
Secretary Name Sister Lourd	des de Leon, F	AS	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 Co	rporations MUST I		k the box to indicate a	an attachment F	
Director Name Sister Zenaida Vasallo, FAS			Orrector 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	
Dispute Name	es de Leon, F	AS	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 L	^{Zip} 61603	
9. The Registered Agent informa	tion of record with	the RI Department	of State is accurate. Changes req	uire filing Form 64	1.	
Under penalty of perjury, I dec statements, and that all staten	lare and affirm the	at I have examine erein are true and	ed this report, including any according any according to the correct.	ompanying sched	ules and	
		t, Secretary, Assistant S	ecretary, Treasurer, duly Authorized Represe		istee	
ame of Officer/Authorized Representative				Date A 2 2024		
Sister Lourdes de		<u> </u>		March	12, 2024	
Signature of Officer/Authorized R	tepresentative					

MAIL TO

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov