



State of Rhode Island
Department of State - Business Services Division

FILED

APR 29 2024

BY 160
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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.

1. Entity ID Number 001726375		2. Exact name of the Corporation Jennie's Legacy of Love			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide training to medical professionals and staff as to compassion for the sick and dying and their families, friends, and caregivers.			
4. NAICS Code 813212					
6. Principal Office Address 57 Old Danielson Pike			City Foster	State RI	Zip 02825
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jo-Ann Petrucci Andrews			Vice-President Name Joseph R. Petrucci		
Street Address 57 Old Danielson Pike			Street Address 57 Old Danielson Pike, Apt. B		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Secretary Name Jennifer Bernston			Treasurer Name Janis Hawkins		
Street Address P.O. Box 227			Street Address 31 Hamburger Road		
City Chepachet	State RI	Zip 02814	City Coventry	State RI	Zip 02816
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 Jo-Ann Petrucci Andrews			Director Name Joseph R. Petrucci		
Street Address 57 Old Danielson Pike			Street Address 57 Old Danielson Pike, Apt. B		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Director Name Jennifer Bernston			Director Name Janis Hawkins		
Street Address P.O. Box 227			Street Address 31 Hamburger Road		
City Chepachet	State RI	Zip 02814	City Coventry	State RI	Zip 02816
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 Jo-Ann Petrucci Andrews					Date X March 3, 24
Signature of Officer/Authorized Representative X Jo-Ann Petrucci Andrews					

MAIL TO:
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Website: www.sos.ri.gov