



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2025

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 03 2025

BY

1. Entity ID Number 000027269		2. Exact name of the Corporation Jeanne Jagan Residence of the Little Sisters of the Poor Incorporated	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Care of the aged poor	
4. NAICS Code 624120			
6. Principal Office Address 964 Main Street		City Pawtucket	State RI
		Zip 02860	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Sr. Patricia Metzgar		Vice-President Name Sr. Leema Rose Velusamy	
Street Address 964 Main Street		Street Address 964 Main Street	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Secretary Name Sr. Jeanne Tigga		Treasurer Name Sr. Laureliya Jesuthasan	
Street Address 964 Main Street		Street Address 964 Main Street	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name Sr. Patricia Metzgar		Director Name Sr. Leema Rose Velusamy	
Street Address 964 Main Street		Street Address 964 Main Street	
City Pawtucket	State RI	City Pawtucket	State RI
Zip 02860		Zip 02860	
Director Name Sr. Jeanne Tigga		Director Name	
Street Address 964 Main Street		Street Address	
City Pawtucket	State RI	City	State
Zip 02860		Zip	
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 Sr. Patricia Metzgar			Date 1-28-2025
Signature of Officer/Authorized Representative <i>S. Patricia Metzgar</i>			

MAIL TO:

Division of Business Services

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