paid – 1-29-25

State of Rhode Island
Department of State - Business Services Division

FILED
FEB 03 2025
BY 4:29pm

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.

1. Entity ID Number	2. Exact name of the Corporation
000027269	Jeanne Jugan 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	City	State	Zip
964 Main Street	Pawtucket	RI	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	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860
Secretary Name: Sr. Jeanne Tigga			Treasurer Name: Sr. Laurelliya Jesuthasan		
Street Address: 964 Main Street			Street Address: 964 Main Street		
City: Pawtucket	State: RI	Zip: 02860	City: Pawtucket	State: RI	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	Zip: 02860	City: Pawtucket	State: RI	Zip: 02860
Director Name: Sr. Jeanne Tigga			Director Name:		
Street Address: 964 Main Street			Street Address:		
City: Pawtucket	State: RI	Zip: 02860	City:	State:	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.

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

Name of Officer/Authorized Representative	Date
Sr. Patricia Metzgar	1-28-2025

Signature of Officer/Authorized Representative: S. Patricia Metzgar

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised 12/2023