



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 000062603

2. Name of Corporation Mount St. Rita Health Centre

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813319

4. Principal Office Address

No. and Street: 15 SUMMER BROWN ROAD

City or Town: CUMBERLAND

State: RI Zip: 02864 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

A) TO EMBODY THE MISSION OF THE HEALING MINISTRY OF JESUS IN THE ROMAN CATHOLIC CHURCH THROUGH THE CORPORATION'S PARTICIPATION IN THE ROMAN CATHOLIC HEALTH CARE SYSTEM (THE "SYSTEM") SPONSORED BY COVENANT HEALTH SYSTEMS, A PUBLIC JURIDIC PERSON OF PONTIFICAL RIGHT UNDER THE LAWS OF THE ROMAN CATHOLIC CHURCH; TO FUNCTION AS AN INTEGRAL PART OF THE SYSTEM, AND IN CONNECTION THEREWITH TO ENGAGE IN THE DELIVERY, AND ACTIVITIES THAT FURTHER OR ARE RELATED TO OR ASSOCIATED WITH THE DELIVERY, OF HEALTH AND HUMAN SERVICES, EITHER

DIRECTLY THROUGH FACILITIES OR PROGRAMS OWNED OR CONTROLLED BY THE CORPORATION OR INDIRECTLY BY ASSISTING AND SUPPORTING (FINANCIALLY AND OTHERWISE) COVENANT HEALTH, INC. (FORMERLY KNOWN AS COVENANT HEALTH SYSTEMS, INC.), A MASSACHUSETTS NON-PROFIT CORPORATION, AND OTHER ORGANIZATIONS WITHIN OR AFFILIATED OR ASSOCIATED WITH THE SYSTEM; TO OPERATE IN A MANNER CONSISTENT WITH THE TEACHINGS AND LAW OF THE ROMAN CATHOLIC CHURCH; AND TO RECOGNIZE AND EMBRACE THE SPIRIT AND TRADITIONS OF COVENANT HEALTH SYSTEMS, AS THE CURRENT SPONSOR OF THE CORPORATION, AND THE SISTERS OF MERCY OF THE AMERICAS, NORTHEAST COMMUNITY, AS THE ORIGINAL SPONSOR OF THE CORPORATION. B) TO ESTABLISH, OPERATE AND MAINTAIN A SKILLED NURSING FACILITY IN CUMBERLAND, RHODE ISLAND IN A MANNER CONSISTENT WITH THE TEACHINGS OF THE ROMAN CATHOLIC CHURCH, TO PROVIDE MEDICAL, NURSING, REHABILITATION, EDUCATIONAL AND SOCIAL SERVICES AS MAY BE CONSISTENT WITH THE OPERATION OF A SKILLED NURSING FACILITY, AND TO CONDUCT ANY AND ALL ACTIVITIES RELATED THERETO.(C) TO ADVANCE THE KNOWLEDGE AND PRACTICE OF MEDICINE AND NURSING, INCLUDING THE PROVISION OF LONG TERM CARE AND GERIATRIC SERVICES, THROUGH RESEARCH AND EDUCATION RELATING TO CARE, TREATMENT AND HEALING. (D)TO PARTICIPATE, AS FAR AS CIRCUMSTANCES MAY WARRANT, IN ANY ACTIVITY DESIGNED AND ESTABLISHED TO PROMOTE THE GENERAL HEATH, REHABILITATION AND SOCIAL NEEDS OF THE COMMUNITY.(E) TO RECEIVE BY GIFTS, DEVISES, BEQUESTS, OR OTHERWISE, ANY KIND OF PROPERTY, ABSOLUTELY OR IN TRUST, THE PRINCIPAL OR INCOME OF THE SAME TO BE USED FOR THE FURTHERANCE OF ANY OF THE PURPOSES DESIGNATED HEREIN.(F) TO ENGAGE GENERALLY IN ANY ACTIVITY IN FURTHERANCE OF THE CORPORATION'S RELIGIOUS, CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES THAT MAY LAWFULLY BE CARRIED ON BY A CORPORATION FORMED UNDER THE RHODE ISLAND NONPROFIT CORPORATION ACT, AS AMENDED OR SUPPLEMENTED FROM TIME TO TIME, TO THE EXTENT THAT SUCH ACTIVITY IS CONSISTENT WITH SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KERRY DZIKIEWICZ	15 SUMNER BROWN ROAD CUMBERLAND, RI 02864 USA
TREASURER	PETER KENNAN, CPA	15 SUMNER BROWN ROAD CUMBERLAND, RI 02864 USA
SECRETARY	JOSEPH MALLEY	15 SUMNER BROWN ROAD CUMBERLAND, RI 02864 USA
ADMINISTRATOR	KERRY DZIKIEWICZ	15 SUMNER BROWN ROAD CUMBERLAND, RI 02864 USA

DIRECTOR	ARMAND BRUNELLE	15 SUMNER BROWN ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	GARY ROBEY	15 SUMNER BROWN ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	SUZANNE LACHAPELLE, RSM	15 SUMNER BROWN ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	DON HOUDE	15 SUMNER BROWN ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	PATRICIA S. VIEIRA, APR	15 SUMNER BROWN ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	MARYPATRICIA MURPHY, RSM	15 SUMNER BROWN ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	KARA P. MISTO PHD, RN	15 SUMNER BROWN ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	REV. MARK NOWEL O.P.	15 SUMNER BROWN ROAD CUMBERLAND, RI 02864 USA
DIRECTOR	JEAN SIDDALL-BENSSON MD	15 SUMNER BROWN ROAD CUMBERLAND, RI 02864 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

COGENCY GLOBAL INC. 222 JEFFERSON BOULEVARD WARWICK , RI 02888

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

Signed this 10 Day of February, 2025 at 2:53:46 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By SANDRA LEFEBVRE
Signature of Authorized Person

Form No. 631
Revised 09/07