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State of Rhode Island
Department of State - Business Services Division

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
001736860	SISTERS OF THE ADORATION CORP
3. State of Incorporation: CT	5. Brief description of the character of business conducted in Rhode Island: RELIGIOUS CHARITABLE ORGANIZATION
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
26 FRANKLIN ST,	DANIELSON	CT	06239

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: JILBY THOMAS			Vice-President Name: ALPHONSA KOTTUPALLIL		
Street Address: 33 DIVISION STREET			Street Address: 33 DIVISION STREET		
City: MANVILLE	State: RI	Zip: 02838	City: MANVILLE	State: RI	Zip: 02838
Secretary Name: JESSY PANGOTTU			Treasurer Name: JILBY THOMAS		
Street Address: 33 DIVISION STREET			Street Address: 33 DIVISION STREET		
City: MANVILLE	State: RI	Zip: 02838	City: MANVILLE	State: RI	Zip: 02838

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: JILBY THOMAS			Director Name: ALPHONSA KOTTUPALLIL		
Street Address: 33 DIVISION STREET			Street Address: 33 DIVISION STREET		
City: MANVILLE	State: RI	Zip: 02838	City: MANVILLE	State: RI	Zip: 02838
Director Name: JESSY PANGOTTU			Director Name:		
Street Address: 33 DIVISION STREET			Street Address:		
City: MANVILLE	State: RI	Zip: 02838	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
Jilby Thomas	02/19/25

Signature of Officer/Authorized Representative: Jilby

FILED
FEB 19 2025
BY ZD401

MAIL TO:
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