



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.

FILED
FEB 24 2025
BY 4995

1. Entity ID Number 000085856		2. Exact name of the Corporation Franciscan Apostolic Sisters, Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island A Religious congregation of women organized to perform apostolic and evangelical work.	
4. NAICS Code 813110			
6. Principal Office Address 66 Fifth Avenue		City East Greenwich	State RI
		Zip 02818	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Sister Zenaida Vasallo, FAS		Vice-President Name Sister Nemesia Licayu, FAS	
Street Address 622 Putnam Pike		Street Address 622 Putnam Pike	
City Greenville	State RI	City Greenville	State RI
Zip 02828		Zip 02828	
Secretary Name Sister Lourdes de Leon, FAS		Treasurer Name Sister Lourdes de Leon, FAS	
Street Address 66 Fifth Avenue		Street Address 66 Fifth Avenue	
City East Greenwich	State RI	City East Greenwich	State RI
Zip 02818		Zip 02818	
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 Sister Zenaida Vasallo, FAS		Director Name Sister Nemesia Licayu, FAS	
Street Address 622 Putnam Pike		Street Address 622 Putnam Pike	
City Greenville	State RI	City Greenville	State RI
Zip 02828		Zip 02828	
Director Name Sister Lourdes de Leon, FAS		Director Name Sister Maria Magdalena Obispo, FAS	
Street Address 66 Fifth Avenue		Street Address 600 Monroe St.	
City East Greenwich	State RI	City Peoria	State IL
Zip 02818		Zip 61603	
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 Sister Lourdes de Leon, FAS			Date February 21, 2025
Signature of Officer/Authorized Representative 			

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