RI SOS Filing Number: 202566376140 Date: 2/24/2025 4:00:00 PM



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

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→ Filing Fee: \$20.00 → Penalty: Additional \$25.00			=				
1. Entity ID Number	I I	2. Exact name of the Corporation					
000100016	FRANCIS	FRANCISCAN APOSTOLIC SISTERS AUXILIARY (FASA)					
3. State of Incorporation		Brief description of the character of business conducted in Rhode Island					
Rhode Island	l '	To provide volunteer services to carry on the charity mission of the					
4. NAICS Code	Franciscar	Franciscan Apostolic Sisters					
813212	<u>.</u>						
6. Principal Office Address			City	State	Zip		
66 Fifth Avenue			East Greenwich	RI	02818		
7. List ALL officers (names an	d addresses)		 	the box to indicate a	n attachment		
President Name Wilma Lingad			Vice-President Name Evelyn Guerzon				
Street Address 16 Secatogue			Street Address 494 Church Avenue				
City East Islip	State NY	^{Zip} 11730	City Warwick	State RI	^{Zip} 02889		
Secretary Name Arlene Abueg			Treasurer Name Sister Lourdes de Leon, FAS				
Street Address 48 Pine Orchard Rd			Street Address 66 Fifth Avenue				
City West Warwick	State RI	^{Zip} 02893	City East Greenwich	State RI	^{Ζίρ} 02818		
8. List ALL directors (names a	nd addresses). RI Co	orporations MUST		k the box to indicate a	en attachment		
Director Name Sister Zenaida Vasallo, FAS			Director Name Efren De Jesus				
Street Address 622 PutnamPike			Street Address 123 Cowessett Rd				
^{City} Greenville	State RI	^{Zip} 02828	City Warwick	State RI	^{Zip} 02886		
Director Name Sister Nemesia Licayu, FAS			Director Name Prudencio Canla's				
Street Address 622 PutnamPike			Street Address 201 Lantern Lane				
^{City} Greenville	State RI	^{Z_{ip}} 02828	City North Kingstown	State RI	^{Z_{IP}} 02852		
9. The Registered Agent infor	mation of record with	the RI Departmen	t of State is accurate. Changes req	uire filing Form 64	1.		
Under penalty of perjury, I o statements, and that all stat			ed this report, including any acc d correct.	ompanying sched	ules and		
This report must be signed by either th	he President, Vice-Presidor	nt, Secretary, Assistant S	Secretary, Treasurer, duly Authorized Repres		stoo.		
Name of Officer/Authorized Representative Sister Lourdes de Leon, FAS				February 22,2025			
Signature of Officer/Authorized			 	1			
MAIL TO:	\	<u> </u>		·			

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov