

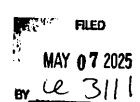
State of Rhode Island

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



RECEIVED R.I. DEPT. OF STATE

-> Penalty: Additional \$25.00 fee if	form is not filed by	/ May 31.	BUS SYCS D		
1. Entity ID Number 001339154	2. Exact name of the Corporation ROSE FERRON FOUNDATION OF REINCLES				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island To inform people about Marie"Little Rose"Ferron, a third order Franciscan				
4. NAICS Code	and to preserve an extensive collection of personal items and a Domestic				
813110	Chapel and in turn inspire people by her Catholic piety and virtues.				
6. Principal Office Address	<u>,,</u>		City	State	Zip
339 Arnold Street			Woonsocket	RI	02895
7. List ALL officers (names and ad				ne box to indicate a	n attachment
President Name Denise C. Ethier			Vice-President Name Carl E. LeClair		
Street Address 133 Lake Shore Drive			Street Address 31 Tudor Street		
^{City} Pascoag	State RI	^{Zip} 02859	^{City} Revere	State MA	^{Zip} 02151
Secretary Name Liseanne Paille			Treasurer Name Catherine M. Boisvert		
Street Address 417 River Street			Street Address 90 Sebille Road		
^{City} Uxbridge	State MA	^{Zip} 01569	City Smithfield	State RI	ď2917
8. List ALL directors (names and a	ddresses). RI Cor	porations MUST I		the box to indicate a	n attachment ✓
Director Name Edward F. Goryl			Director Name Julie Manley		
Street Address 1410 Pinewood Drive			Street Address 277 High Street		
^{City} Smithfield	State RI	^{Zip} 02917	City Woonsocket	State RI	∂ [®] 2895
Director Name Denise Ethier			Director Name Liseanne Paille		
Street Address 133 Lake Shore Drive			Street Address 417 River Street		
^{City} Pascoag	State RI	^{Zip} 02859	City Uxbridge	State MA	Ö1569
9. The Registered Agent information	on of record with the	he RI Department	of State is accurate. Changes requi	re filing Form 64*	
Under penalty of perjury, I decla statements, and that all stateme	re and affirm tha nts contained he	t I have examine erein are true and	d this report, including any accon I correct.	npanying sched	ules and
	· · · · · · · · · · · · · · · · · · ·	Socretary, Assistant Se	ecretary. Treasurer, duly Authorized Represent	ative, Receiver or Tru	stee.
Name of Officer/Authorized Representative				Date	
Denise C. Ethier, President				4/26/2025	
Signature of Officer/Authorized Re	presentative	this	Preside	xt.)	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov 2025 Annual Report ROSE FERRONFOUNDATION OF RI INC Entity ID Number 001339154

Attachment

Additional Director Name:

Catherine M. Boisvert 90 Sebille Road Smithfield, RI 02917