RI SOS Filing Number: 202574511450 Date: 6/12/2025 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
JUN 12 2025
BY 1015

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
000716543	Fatima Mother of Mercy, Inc.
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Religious, encouraging people to pray for world peace especially the rosary.
4. NAICS Code: M36ZM2	

6. Principal Office Address	City	State	Zip
310 Sayles Ave, apt. 201	Pawtucket	RI	02860

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

President Name: Judith Studer			Vice-President Name: Mary Marfeo		
Street Address: 310 Sayles Ave., apt. 201			Street Address: 39 Laurel Rd.		
City: Pawtucket	State: RI	Zip: 02860	City: Exeter	State: RI	Zip: 02822
Secretary Name: Joseph Marfeo			Treasurer Name: Mary Marfeo		
Street Address: 39 Laurel Rd.			Street Address: 39 Laurel Rd.		
City: Exeter	State: RI	Zip: 02822	City: Exeter	State: RI	Zip: 02822

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

Director Name: Judith Studer			Director Name: Mary Marfeo		
Street Address: 310 Sayles Ave., apt. 201			Street Address: 39 Laurel Rd.		
City: Pawtucket	State: RI	Zip: 02860	City: Exeter	State: RI	Zip: 02822
Director Name: Joseph Marfeo			Director Name:		
Street Address: 39 Laurel Rd.			Street Address:		
City: Exeter	State: RI	Zip: 02822	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
Judith Studer	06/10/2025

Signature of Officer/Authorized Representative: Judith Studer

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

FORM 631- Revised 12/2023