



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001657217

2. Name of Corporation The Sisters of Saint Ann, Inc.

3. State of Incorporation

State: MA

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
611310

4. Principal Office Address

No. and Street: 50 SUNSET LANE

City or Town: PAXTON

State: MA

Zip: 01612

Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

ONLINE EDUCATION

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	MARY LOU RETEILLE	50 SUNSET LANE PAXTON, MA 01612 USA
TREASURER	MICHAEL MIERS	50 SUNSET LANE PAXTON, MA 01612 USA
SECRETARY	RITA M. DEROY	50 SUNSET LANE PAXTON, MA 01612 USA
VICE PRESIDENT	MICHAEL MIERS	50 SUNSET LANE PAXTON, MA 01612 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

NORTHWEST REGISTERED AGENT, LLC 700 NARRAGANSETT PARK DR STE 100
PAWTUCKET , RI 02861

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 22 Day of June, 2025 at 9:18:45 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ANNIE BERGET
Signature of Authorized Person

Form No. 631
Revised 09/07

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