



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

No Fee

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

**Domestic Non-Profit
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), 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.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2022

1. Corporate ID No. 000030211

2. Name of Corporation St. Joseph's Hospital School of Nursing Alumni Association

ARTICLE III

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

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 87 SCENERY LANE
City or Town: JOHNSTON State: RI Zip: 02919 Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

EDUCATIONAL AND SOCIAL

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	LILLIAN SPARFVEN	87 SCENERY LANE JOHNSTON, RI 02919 USA
SECRETARY	COLLEEN PRINTER	194 ARNOLD RD COVENTRY, RI 02816 USA
VICE PRESIDENT	DIANE SANTANIELLO	1872 SMITH ST. #1 NORTH PROVIDENCE, RI 02911 USA
ASSISTANT SECRETARY	LUCILLE GIRARD	44 HARRIS AVE WEST WARWICK , RI 02893 USA
TREASURER	DONNA M ALLARD	7 WELCOME RD SMITHFIELD, RI 02917 USA
DIRECTOR	KAREN HAIDEMENOS	53 OKINAWA AVE. WARWICK, RI 02889 USA
DIRECTOR	BARBARA BUSH	2970 MENDON RD. # 181 CUMBERLAND, RI 02864 USA
DIRECTOR	TINA CORREIA	82 PERRYVILLE RD. REHOBOTH, MA 02769 USA
DIRECTOR	FANNIE DAVEY	68 SERREL SWEET ROADD JOHNSTON, RI 02919 USA
DIRECTOR	JULIE DROLET	85 BEACHMONT AVE. BRISTOL, RI 02809 USA

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

LILLIAN SPARFVEN 87 SCENERY LANE JOHNSTON , RI 02919

Signed this 8 Day of March, 2022 at 7:40:43 PM 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 DONNA M ALLARD
Signature of Authorized Person

Form No. 631
Revised 09/07

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State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

March 08, 2022 07:40 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

