RI SOS Filing Number: 202215699860 Date: 4/25/2022 4:00:00 PM

State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year:

2022

**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.

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1. Entity ID Number	2. Exact name of the Corporation						
000027269	Jeanne Jugan Residence of the Little Sisters of the Poor μητα						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
RI	Care of the Aged Poor						
4. NAICS Code							
624120 - Services for Elderly and	, , ,		Andreas and the second second		المستعدينية بالعاقب		
6. Principal Office Address	<u> </u>		City	State	Zip		
964 Main Street			Pawtucket	ŀRI	02860		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Sr. Patricia Metzgar			Vice-President Name Sr. Leema Rose Velusamy				
Street Address 964 Main Street			Street Address 964 Main Street				
City Pawtucket	State RI	<sup>Zip</sup> 02860	City Pawtucket	State RI	<sup>Zlp</sup> 02860		
Secretary Name Sr. Jeanne Tig	ga						
Street Address 964 Main Street			Street Address 964 Main Street				
<sup>City</sup> Pawtucket	State RI	<sup>Zip</sup> 02860	<sup>City</sup> Pawtucket	State RI	<sup>Zip</sup> 02860		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment							
Director Name Sr. Patricia Metzgar			Director Name Sr. Leema Rose Velusamy				
Street Address 964 Main Street			Street Address 964 Main Street				
<sup>City</sup> Pawtucket	State RI	<sup>Zip</sup> 02860	City Pawtucket	State RI	<sup>Zip</sup> 02860		
Director Name Sr. Jeanne Tigga			Director Name				
Street Address 964 Main Street			Street Address				
<sup>City</sup> Pawtucket	State RI	<sup>Zip</sup> 02860	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, duty Authorized Representative, Receiver or Trustee							
Name of Officer/Authorized Representative			Date				
Sr. Patricia Metzgar (President of Congradium) 4/11/8022							
Signature of Officer/Authorized Representative							

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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