



State of Rhode Island
Department of State - Business Services Division

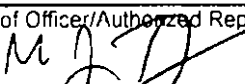
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R.I. DEPT. OF STATE
BUS SVCS DIV

Annual Report for the year: 2022

Non-Profit Corporation

2022 NOV 28 PM 12:00

- 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 001657020		2. Exact name of the Corporation Missionary Sisters Servants of the Word HMSP Northeast Province			
3. State of Incorporation NH		5. Brief description of the character of business conducted in Rhode Island TO BRING THE GOOD NEWS OF CHRIST THROUGH EVANGELIZATION AND THE DEDICATION TO SERVE PEOPLE IN NEED			
4. NAICS Code 813110 - Religious Organizations					
6. Principal Office Address 28 Victory Highway			City West Greenwich	State RI	Zip 02817
7. List ALL officers (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
President Name SISTER NEREIDA OLMEDO			Vice-President Name SISTER ADRIANA RODRIGUEZ		
Street Address C/O: 95 MARKET STREET			Street Address C/O: 95 MARKET STREET		
City MANCHESTER	State NH	Zip 03101	City MANCHESTER	State NH	Zip 03101
Secretary Name SISTER ELIZABETH CASTRO			Treasurer Name SISTER ELIZABETH CASTRO		
Street Address C/O: 95 MARKET STREET			Street Address C/O: 95 MARKET STREET		
City MANCHESTER	State NH	Zip 03101	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name SISTER NEREIDA OLMEDO			Director Name SISTER ADRIANA RODRIGUEZ		
Street Address C/O: 95 MARKET STREET			Street Address C/O: 95 MARKET STREET		
City MANCHESTER	State NH	Zip 03101	City MANCHESTER	State NH	Zip 03101
Director Name SISTER ELIZABETH CASTRO			Director Name		
Street Address C/O: 95 MARKET STREET			Street Address		
City MANCHESTER	State NH	Zip 03101	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Michael J. Tierney				Date 11/17/2022	
Signature of Officer/Authorized Representative 				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence Rhode Island 02904-2515
Phone: (401) 222-3040
Website: www.sos.ri.gov

NOV 28 2022
BY BAFYB FORM 631 - Revised: 11/2021
1201 [Signature]