RI SOS Filing Number: 202328727980 Date: 2/14/2023 4:00:00 PM

State of Rhode Island Department of State - Business Services Division	
Annual Report for the year: 2023	FILED
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.	FEB 14 2023 BY 4210

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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 Incorporated					
3. State of Incorporation	5. 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						
6. Principal Office Address			City	State	Zip	
964 Main Street			Pawtucket	RI	02860	
7. List ALL officers (names and add				Check the box to indica		
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	^{Z_{ip}} 02860	^{City} Pawtucket	State RI	^{Zip} 02860	
Secretary Name Sr. Jeanne Tig	retary Name Sr. Jeanne Tigga			Treasurer Name Sr. Laurelliya Jesuthasan		
Street Address 964 Main Street		Street Address 964 Main Street				
^{City} Pawtucket	State RI	^{Zip} 02860	City Pawtucket	State RI	^{Zip} 02860	
8. List ALL directors (names and a	ddresses). RI Corr	porations MUST li		Check the box to indica	ate an attachment	
Director Name Sr. Patricia Metzgar			Director Name Sr. Leema Rose Velusamy			
Street Address 964 Main Street			Street Address 964 Main Street			
^{City} Pawtucket	State RI	^{Z₁p} 02860	City Pawtucket	State RI	^{Zıp} 02860	
Director Name Sr. Jeanne Tigga			Director Name			
Street Address 964 Main Street		Street Address				
^{City} Pawtucket	State RI	^{Zip} 02860	City	State	Zip	
9. The Registered Agent information	on of record with th	ne RI Department	of State is accurate. Changes re-	quire filing Form 641.		
Under penalty of perjury, I decla statements, and that all stateme				ompanying schedu	les and	
This report must be signed by either the Pre-	sident, Vice-President,	Secretary, Assistant Si	ecretary, Treasurer, duly Authonzed Repres	sentative, Receiver or Trus	lee.	
Name of Officer/Authorized Representative			Date			
Sr. Patricia Metzgar				Feb. 8 - 2023		
Signature of Officer/Authorized Rep						
stem min las. I	gan					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov