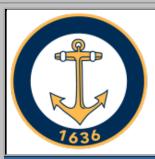
RI SOS Filing Number: 202445746860 Date: 2/6/2024 2:44:00 PM



# 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 **2024**: 2024

- 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 <u>click here.</u>

NAICS Code

<u>611310</u>

#### 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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

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 47 WOOD AVENUE, SUITE 2 BARRINGTON, RI 02806

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

**Signed this 6 Day of February, 2024 at 2:47:20 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 ANNIE BERGET

Signature of Authorized Person

Form No. 631 Revised 09/07

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