



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

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.

MAR 04 2024

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1. Entity ID Number 000027269		2. Exact name of the Corporation Jeanne Jugan Residence of the Little Sisters of the Poor Incorporated			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Care of the aged poor			
4. NAICS Code 624120					
6. Principal Office Address 964 Main Street			City Pawtucket	State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary 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 addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 02860	City Pawtucket	State RI	Zip 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 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 Sr. Patricia Metzgar				Date 2/14/2024	
Signature of Officer/Authorized Representative <i>Sr. Patricia Metzgar</i>					

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov