DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
11/05/2020	202031001126	NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE (CCE)	25.00				0

Receipt

This is not a bill. Please do not remit payment.

SISTERS OF THE INCARNATE WORD
SISTERS OF THE INCARNATE WORD
6618 PEARL RD
PARMA HTS, OH, 44130

STATE OF OHIO
CERTIFICATE

Ohio Secretary of State, Frank LaRose

195760

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

SISTERS OF THE INCARNATE WORD AND BLESSED SACRAMENT

and, that said business records show the filing and recording of:

Document(s)	Document No(s):
NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE **Effective Date: 11/05/2020**	**202031001126**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 5th day of November, A.D. 2020.

Ohio Secretary of State

Form 522 Prescribed by:

Date Electronically Filed: 11/5/2020

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.gov

File online or for more information: OhioBusinessCentral.gov

Statement of Continued Existence
Filing Fee: $25
Form Must Be Typed

CHECK ONLY ONE (1) Box

(1) ☒ Statement of Continued Existence (163-CCE) (Domestic Nonprofit Corporation)

(2) ☐ Verification of Foreign Nonprofit (173-FCE) (Foreign Nonprofit Corporation)

By submitting this form the corporation is verifying with the secretary of state's office that it is still actively engaged in exercising its corporate privileges

Name of Corporation: SISTERS OF THE INCARNATE WORD AND BLESSED SACRAMENT

Charter or License Number: 195760

Complete the information in this section if box (1) is checked

Location of Principal Office: PARMA HEIGHTS (City) CUYAHOGA (County)

Date of Incorporation: 06/19/1946 (Date)

Complete the information in this section if box (2) is checked

Date of Qualification in Ohio: (Date)

Jurisdiction of Formation: (Jurisdiction)

Location of Office NOT in Ohio: (Mailing Address)

(City) (State) (Zip Code)

Location of Office IN Ohio: (Mailing Address)

(City) (State) (Zip Code)

All Corporations must complete this section

Current Statutory Agent's Name and Address

ST. MARGARET TAYLOR
Name of Agent

6618 PEARL ROAD
Mailing Address

PARMA HTS.	OH	44130
City	State	Zip Code

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

The statement must be signed by a director, officer, or three members in good standing.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

SISTERS OF THE INCARNATE WORD AND BLESSED SACRAMENT
Signature

SR. MARGARET TAYLOR
By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name