



DATE	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
09/18/2025	202526101988	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**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)

NONPROFIT - CERTIFICATE OF CONTINUED EXISTENCE**Effective Date: 09/18/2025**

Document No(s):

202526101988

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 18th day of September, A.D.
2025.

Ohio Secretary of State

Form 522 Prescribed by:



Date Electronically Filed: 9/18/2025

Toll Free: 877.767.3453 | Central Ohio: 614.466.3910

OhioSoS.gov | business@OhioSoS.govFile 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 Charter or License Number **Complete the information in this section if box (1) is checked**Location of Principal Office
City
CountyDate of Incorporation
Date**Complete the information in this section if box (2) is checked**Date of Qualification in Ohio
DateJurisdiction of Formation
JurisdictionAddress of Principal Office
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.

City

OH

State

44130

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. CAROL TOBLER/JMA

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name