

SCC eFile

2014 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

214519420

1.) CORPORATION NAME:

JESUIT JAMSHEDPUR MISSION SOCIETY, INC.

DUE DATE: **5/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

CORPORATION SERVICE COMPANY

**Bank of America Center, 16th Floor
1111 East Main Street**

SCC ID NO: **F1826157**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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RICHMOND, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

MD

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8600 LASALLE ROAD
SUITE 620

CITY/ST/ZIP: TOWSON, MD 21286-2014

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	JAMES M. SHEA, S.J.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	8600 LASALLE ROAD		
	SUITE 620		
CITY/ST/ZIP/CO:	TOWSON, MD 21286-2014		

NAME:	JAMES A. CASCIOTTI, S.J.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	8600 LASALLE ROAD		
	SUITE 620		
CITY/ST/ZIP/CO:	TOWSON, MD 21286-2014		

NAME:	TIMOTHY J STEPHENS, S.J.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	8600 LASALLE ROAD		
	SUITE 620		
CITY/ST/ZIP/CO:	TOWSON, MD 21286-2014		

NAME:	TIMOTHY J. STEPHENS, S.J.	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	8600 LASALLE ROAD		
	SUITE 620		
CITY/ST/ZIP/CO:	TOWSON, MD 21286-2014		

NAME:	JOHN J CONLEY, S.J.	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	8600 LASALLE ROAD		
	SUITE 620		
CITY/ST/ZIP/CO:	TOWSON, MD 21286-2014		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRUCE A MAIVELETT,S.J. DIRECTOR 8600 LASALLE ROAD SUITE 620 TOWSON, MD 21286-2014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN F. O'BRIEN, S.J. DIRECTOR 8600 LASALLE ROAD SUITE 620 TOWSON, MD 21286-2014	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ TIMOTHY J STEPHENS, S.J. SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	TIMOTHY J STEPHENS, S.J., TREASURER PRINTED NAME AND CORPORATE TITLE	4/15/2014 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.