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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: $20.00 * THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

**** 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.***

1. Corporate ID No.	2. Name of Corporation		
48308	Rhode Island Medical Women's Association		
3. State of Incorporation	4. Corporate address in Rhode Island - Street Address	City	Zip
Rhode Island	235 Promenade Street, Suite 500	Providence	02908
5. **Foreign corporation.** Enter principal office address	City	State	Zip

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
NonProfit organization for women physicians.

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Elizabeth Laposata, MD	
Street Address	Street Address
209 University Avenue	
City / State / Zip	City / State / Zip
Providence / RI / 02906	
Secretary Name	Treasurer Name
	Pamela Harrop, MD
Street Address	Street Address
	1180 Hope STreet
City / State / Zip	City / State / Zip
	Bristol / RI / 02809

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name	Director Name
Diane Siedlecki, MD	Barbara Roberts, MD
Street Address	Street Address
235 Promenade STreet, Suite 500	235 Promenade STreet, Suite 500
City / State / Zip	City / State / Zip
Providence / RI / 02908	Providence / RI / 02908
Director Name	Director Name
Marlene Cutitar, MD	
Street Address	Street Address
235 Promenade STreet, Suite 500	
City / State / Zip	City / State / Zip
Providence / RI / 02908	

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name	Address
Megan E. Turcotte	
Address	City / Zip
235 Promenade Street, Suite 500	Providence / 02908

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

[redacted] [redacted]

FILED
File Date JUN 03 2008
Check No.
By: By

FOR SECRETARY OF STATE USE ONLY

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.

Elizabeth Laposata MD 5/21/08
Signature of Officer *Date*

Elizabeth Laposata, MD
Print or Type Name of Officer

President
Title of Officer

[redacted]

23015-44-260818

Form 631 Rev. 12/06