



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 2010

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. 30200000 30280		2. Name of Corporation ROGER WILLIAMS GENERAL HOSPITAL NURSES ALUMNAE			
3. State of Incorporation RI	4. Corporate address in Rhode Island - Street Address 111 CENTRAL PIKE		City FOSTER	Zip 02825	
5. Foreign corporation. Enter principal office address RI		City	State	Zip	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island PROFESSIONAL AND EDUCATIONAL ADVANCEMENT OF MEMBERS AND NURSING IN GENERAL					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name CAROL McVEY		Vice President Name CAROLYN DICK			
Street Address 115 LYNDEN RD		Street Address 34 ROGER WILLIAMS DR.			
City CRANSTON	State RI	Zip 02905	City GREENVILLE	State RI	Zip 02828-2632
Secretary Name PATRICIA BRADLEY		Treasurer Name MARY K THOMAN			
Street Address 96 SLEEPY HOLLOW DR		Street Address 111 CENTRAL PIKE			
City CUMBERLAND	State RI	Zip 02864	City FOSTER	State RI	Zip 02825
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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 PAULINE ANDERSON		Director Name EDNA GREENE			
Street Address 759 TOURTELOT HILL RD		Street Address 1 LISA LANE			
City N. SCITUATE	State RI	Zip 02857	City BRISTOL	State RI	Zip 02809
Director Name DOROTHY PETRARCA		Director Name			
Street Address 27 CIRCLE DR		Street Address			
City COVENTRY	State RI	Zip 02816	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

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

FILED

MAY 26 2010

File Date _____
Check No. BY 392
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.

Mary K Thoman 5/24/10
Signature of Officer Date
MARY K THOMAN
Print or Type Name of Officer
TREASURER
Title of Officer