



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 123793		2. Name of Corporation THE INDEPENDENT WOMAN, INC.			
3. Street Address Principal Business Office 400 BALDHILL ROAD, SUITE 508			City WARWICK	State RI	Zip 02886
4. Business Phone No. 384-6444		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island GYNECOLOGIC SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name MARY CATHERINE DEROSA, M.D.			Vice President Name NONE		
Street Address 147 DATEHILL DRIVE			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Secretary Name MARY CATHERINE DEROSA, M.D.			Treasurer Name MARY CATHERINE DEROSA, M.D.		
Street Address 147 DATEHILL DRIVE			Street Address 147 DATEHILL DRIVE		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name MARY CATHERINE DEROSA, M.D.			Director Name None		
Street Address 147 DATEHILL DRIVE			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value No Par Value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED

File Date	JAN 31 2011
Check No.	By <u>MDC</u>
By:	2840
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 Catherine Derosa M.D. 1-21-11
Signature Date
MARY CATHERINE DEROSA, M.D.
Print or Type Name
President
Title