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

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

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.

ANNUAL REPORT YEAR: 2013

1. Corporate ID No. 000159110

2. Name of Corporation RHODE ISLAND INSTITUTE FOR NURSING, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 150 WASHINGTON STREET
4TH FLOOR, SUITE 415
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

RAISE FUNDS AND DEVELOP AND MANAGE GRANTS FOR THE ADVANCE KNOWLEDGE OF THE NURSING PROFESSION, ASSIST NURSES IN NEED, ENCOURAGE NURSING RESEARCH AND CAREER DEVELOPMENT, DEVELOP FINANCIAL SUPPORT FOR RESEARCH

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ANNETTE FONTENEAU MSN, RNP	PO BOX 7702

		CUMBERLAND, RI 02864 USA
TREASURER	JACQUELINE ALBRIKES MSN	371 RESERVOIR AVENUE NORTON, MA 02766 USA
SECRETARY	JACQUELINE ALBRIKES MSN	371 RESERVOIR STREET NORTON, MA 02766 USA
EXECUTIVE DIRECTOR	DONNA M POLICASTRO RNP, ED	293 WHITFORD AVE. PROVIDENCE, RI 02908 USA
VICE PRESIDENT	LUCILLE MASSEMINO RN	634 CENTRAL PIKE NO. SCITUATE, RI 02857 USA
DIRECTOR	DENISE HENRY RN	30 EDMUND STREET SOMERSET, MA 02726 USA
DIRECTOR	LINDA MENDONCA RN	42 SMITH STREET LINCOLN, RI 02865 USA
DIRECTOR	SUSAN CORKRAN RN	46 MAPLE STREET SO. KINGSTOWN, RI 02879 USA
DIRECTOR	SYLVIA WEBER RN,MSN	84 SHAW AVENUE CRANSTON, RI 02905 USA
DIRECTOR	MAUREEN GLYNN ESQ.	48 BEECH AVE. CRANSTON, RI 02910 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JACK D. PITTS, ESQ. 635 KILLINGLY STREET JOHNSTON , RI 02919-

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

Signed this 17 Day of June, 2013 at 2:00:25 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By /S/JACQUELINE ALBRIKES, MSN
Signature of Officer of the Corporation

__ President or __ Vice President or __ Secretary or __ Assistant Secretary or

X Treasurer or __ Receiver or __ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07