



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 30555		2. Exact name of the Corporation RI Hospital Nurses' Alumni Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Preserve the heritage of the RIH School of Nursing. Promote fellowship among the graduates & render assistance when needed. Promote professional and educational advancement of nursing.			
5. Principal office address 105 Lockwood Street		City Providence		State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Marilynn Baker		Vice-President Name Kathleen Bancroft			
Street Address 16 Broadview Avenue		Street Address 330 Ives Road			
City Cumberland	State RI	Zip 02864	City Warwick	State RI	Zip 02818
Secretary Name Mary I Calenda		Treasurer Name Susan McNamara			
Street Address 79 D Valley Green Court		Street Address 1 Cedar Grove Court			
City North Peovidence	State RI	Zip 02904	City Johnston	State RI	Zip 02919
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Ann Gagnon		Director Name Jacqueline Almon			
Street Address 10 Champlin Way		Street Address 131 Godfrey Drive			
City Jamestown	State RI	Zip 02835	City Norton	State MA	Zip 02766
Director Name Vicki Moriarty		Director Name Donna Cimini			
Street Address 51 High Point Drive		Street Address 41 Tomahawk Court			
City East Greenwich	State RI	Zip 02818	City Warwick	State RI	Zip 02886
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

FILED

File Date _____

MAY 28 2014

Check No _____

By: _____ BY 2180

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.

Marilynn Baker 5/27/14
Signature of Officer Date

MARILYNN BAKER
Print or Type Name of Officer

PRESIDENT
Title of Officer