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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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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.	2. Exact name of the Corporation
28572	**The Miriam Hospital Women's Association**
3. State of Incorporation **Rhode Island**	4. Brief description of the character of business conducted in Rhode Island **Non-profit fundraising**

5. Principal office address	City	State	Zip
164 Summit Avenue	**Providence**	**RI**	**02906**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Vice-President Name
Sharon Ferreri	**Cynthia Schwartz, V. President Program Development**
Street Address **15 Gadoury Drive**	Street Address **4 Elden Court**
City / State / Zip **Cumberland / RI / 02864**	City / State / Zip **Lincoln / RI / 02865**
Secretary Name **Marilyn Myrow**	Treasurer Name **Susan Guerra**
Street Address **62 Rockridge Road**	Street Address **27 Sylvia Lane**
City / State / Zip **Lincoln / RI / 02865**	City / State / Zip **Lincoln / RI / 02865**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Director Name
Marianne Litwin, Vice President, Membership	**Barbara Sheer, Corresponding Secretary**
Street Address **42 Intervale Road**	Street Address **140 Pitman St., #201**
City / State / Zip **Providence / RI / 02906**	City / State / Zip **Providence / RI / 02906**
Director Name **Marcia Blacher, Board of Directors**	Director Name **Dani Brier, Board of Directors**
Street Address **20 Old Tannery Road**	Street Address **7 Kristen Drive**
City / State / Zip **Providence / RI / 02906**	City / State / Zip **N. Providence / RI / 02906**

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, duly Authorized Representative, Receiver or Trustee

File Date _____ FILED
Check No _____ MAY 18 2015
By: _____
FOR SECRETARY OF STATE USE ONLY BY 23776

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.

Sharon A. Ferreri 5/6/15
Signature of Officer or Authorized Representative Date

Sharon Ferreri, President
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

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