



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. 28572		2. Exact name of the Corporation 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 164 Summit Avenue		City Providence	State RI	Zip 02906	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Sharon Ferreri		Vice-President Name Cynthia Schwartz, V. President Program Development			
Street Address 15 Gadoury Drive		Street Address 4 Elden Court			
City Cumberland	State RI	Zip 02864	City Lincoln	State RI	Zip 02865
Secretary Name Marilyn Myrow		Treasurer Name Susan Guerra			
Street Address 62 Rockridge Road		Street Address 27 Sylvia Lane			
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Marianne Litwin, Vice President, Membership		Director Name Barbara Sheer, Corresponding Secretary			
Street Address 42 Intervale Road		Street Address 140 Pitman St., #201			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 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 Providence	State RI	Zip 02906	City N. Providence	State RI	Zip 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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 18 2015

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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