



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: 2015

1. Corporate ID No. 000026049

2. Name of Corporation Infection Control Professionals, Southern New England (ICP,SNE)

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 100571

City or Town: CRANSTON

State: RI

Zip: 02905

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

GROUP OF INFECTION CONTROL PROFESSIONALS INVOLVED IN EDUCATION AND
EPIDEMIOLOGY IN THE HOSPITAL AND OTHER HEALTH CARE SETTINGS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	DONNA SEARS	211 PARK STREET ATTLEBORO, MA 02703 USA
TREASURER	HEIDI MCCABE	101 DUDLEY ST PROVIDENCE, RI 02905 USA

SECRETARY	NINA OFLAHERTY	825 CHALKSTONE AVE PROVIDENCE, RI 02908 USA
DIRECTOR	JANET ROBINSON	10 RISHO AVE PROVIDENCE, RI 02914 USA
DIRECTOR	MARLENE FISHMAN	200 HIGH SERVICE AVE. NORTH PROVIDENCE, RI 02904 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**

MARY ELLEN CASEY 101 DUDLEY STREET PROVIDENCE , RI 02905

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

Signed this 12 Day of June, 2015 at 1:45:04 PM by the authorized person. *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 company, 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 HEIDI I MIKKELSEN-MCCABE
Signature of Authorized Person

Form No. 631
Revised 09/07

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