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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
26869	**Episcopal Church Women, Diocese of Rhode Island**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**the Diocesean Organization of Episcopal Church Women for Charitable Purposes and their support**

5. Principal office address	City	State	Zip
275 North Main Street	**Providence**	**RI**	**02903**

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

President Name	Vice-President Name
Margaret E. Noel	**Bernice Belt**
Street Address: **218 Waterman Street Apt. 210E**	Street Address: **37 Shepard Avenue**
City: **Providence** State: **RI** Zip: **02906**	City: **Providence** State: **RI** Zip: **02904**
Secretary Name: **Alice Smith**	Treasurer Name: **Priscilla D. Mcfarland**
Street Address: **40 Sheffield Avenue**	Street Address: **555 Main Street**
City: **Providence** State: **RI** Zip: **02911**	City: **Sumner** State: **ME** Zip: **04292**

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
Virginia Chase	**Sandra DiPalma**
Street Address: **355 Blackstone Blvd. #104**	Street Address: **72 Merry Mount Drive**
City: **Providence** State: **RI** Zip: **02906**	City: **Warwick** State: **RI** Zip: **02888**
Director Name: **Linda Guest**	Director Name
Street Address: **29 Hazelwood Street**	Street Address
City: **Cranston** State: **RI** Zip: **02910**	City State Zip

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
JUL [illegible] 2015
BY 1899

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.

Margaret E Noel — **6/23/2015**
Signature of Officer or Authorized Representative — Date

Margaret E. Noel
~~Print or~~ Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014

122610-24-1044635