



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. 000550830

2. Name of Corporation RI affiliate of the ACNM

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 15 TRENTON STREET, APT. 1L

City or Town: PAWTUCKET

State: RI Zip: 02860 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

THE GENERAL PURPOSE FOR WHICH THIS CORPORATION IS ORGANIZED SHALL BE TO ACT WITHIN THE SCOPE OF 501(C)(6) ORGANIZATIONS, INCLUDING THE ABILITY TO CONDUCT AND TRANSACT ANY AND ALL LAWFUL BUSINESS AUTHORIZED OR NOT PROHIBITED BY THE RHODE ISLAND STATUTES, AS THE SAME MAY BE FROM TIME TO TIME AMENDED, INCLUDING BUT NOT LIMITED TO 1) THE PROMOTION OF THE PROFESSION OF MIDWIFERY, EXCELLENCE IN THE PRACTICE OF MIDWIFERY AND THE EDUCATION OF MIDWIVES WITHIN THE STATE OF [STATE/TERRITORY/UNIFORMED SERVICES NAME] 2) THE FACILITATION OF COMMUNICATION BETWEEN THE AMERICAN COLLEGE OF NURSE-MIDWIVES [MEMBERSHIP OF THE STATE OF STATE/TERRITORY/UNIFORMED SERVICES NAME] 3) ESTABLISHMENT OF A MECHANISM FOR COOPERATION WITH OTHER GROUPS AND ORGANIZATIONS IN PROMOTING THE HEALTH AND WELL BEING OF [STATE/TERRITORY/UNIFORMED SERVICE'S] FAMILIES. 4) REPRESENTATION OF THE MEMBERSHIP REGARDING ISSUES IMPACTING THE PRACTICE OF MIDWIFERY IN THE STATE OF [STATE/TERRITORY/UNIFORMED SERVICES] IN ACCORDANCE WITH THE BYLAWS AND POLICY GUIDELINES OF THE AMERICAN COLLEGE OF NURSE-

MIDWIVES. 5) ENGAGE IN AND SUPPORT RESEARCH ACTIVITIES RELATING TO THE PROFESSION OF MIDWIFERY AND WOMEN’S HEALTH. 6) PROVIDE A RECOGNIZED FORUM FOR THE FREE EXCHANGE OF IDEAS AND INFORMATION RELATED TO THE MIDWIFERY PROFESSION AND WOMEN’S HEALTH ISSUES. 7)SERVE AS A SOURCE OF INFORMATION TO THE PUBLIC AND TO GOVERNMENT AGENCIES CONCERNING EXCELLENCE IN MIDWIFERY AND WOMEN’S HEALTH CARE PRACTICES AND SERVICES. 8) SUPPORT AND FOSTER APPROPRIATE PROFESSIONAL LICENSURE REGULATIONS AND LEGISLATION RELATED TO MIDWIFERY AND WOMEN’S HEALTH ISSUES. 9) ENGAGE IN ALL OTHER CORPORATE ACTIVITIES PERMITTED BY LAW.

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 | LINDA A HUNTER | 15 TRENTON ST, APT 1L PAWTUCKET, RI 02860 USA |
| TREASURER | LORI KELLEY | 291 KETTLE POND RD WAKEFIELD, RI 02879 USA |
| SECRETARY | WILLA CAMPBELL | 106 MAPLE AVE RIVERSIDE, RI 02915 USA |
| VICE PRESIDENT | CHELSEA WEBB | 126 ROCHAMBEAU AVE PROVIDENCE, RI 02906 USA |
| DIRECTOR | CHELSEA WEBB | 126 ROCHAMBEAU AVE PROVIDENCE, RI 02906 USA |
| DIRECTOR | WILLA CAMPBELL | 106 MAPLE AVE RIVERSIDE, RI 02915 USA |
| DIRECTOR | LINDA A HUNTER | 15 TRENTON ST, APT 1L PAWTUCKET, RI 02860 USA |
| DIRECTOR | LORI KELLEY | 291 KETTLE POND RD WAKEFIELD, RI 02879 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**

LINDA A. HUNTER 15 TRENTON STREET, APT. 1L PAWTUCKET , RI 02860

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

Signed this 26 Day of July, 2015 at 7:47:35 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 LINDA A. HUNTER
Signature of Authorized Person

Form No. 631
Revised 09/07

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