



**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. 000093247

2. Name of Corporation RIWA, INC.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 447 SAW MILL ROAD

City or Town: NORTH SCITUATE

State: RI

Zip: 02857

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

TO PROVIDE A SUPPORTIVE SOCIAL, RECREATIONAL AND EDUCATIONAL NETWORK FOR WOMEN WHO HAVE CHOSEN A SELF-DEFINED GAY OR LESBIAN LIFESTYLE.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	LORRAINE NYE	127 AGRICULTURAL AVENUE REHOBOTH, MA 02760 USA
TREASURER	LYNN MARIE FURNEY MS.	447 SAW MILL ROAD NORTH SCITUATE, RI 02857 USA

SECRETARY	NORMA PERRY MS.	500 EAST GREENWICH AVE. WEST WARWICK, RI 02893 USA
DIRECTOR	MARION MYRE MS.	11 BELL SCHOOL HOUSE RICHMOND, RI 02892 USA
DIRECTOR	LESLIE BAKER MS.	24 LANDAU ROAD PLAINVILLE, MA 02762 USA
DIRECTOR	LYNN FURNEY	447 SAW MILL ROAD NORTH SCITUATE, RI 02857 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**

LYNN FURNEY 447 SAW MILL ROAD NORTH SCITUATE , RI 02857

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

Signed this 27 Day of August, 2015 at 9:58:07 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 LYNN FURNEY
Signature of Authorized Person

Form No. 631
Revised 09/07