RI SOS Filing Number: 201699709010 Date: 06/02/2016 4:00 PM

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/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

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
30280	ROGER WILLIAMS GENERAL HOSPITAL NURSES ALUMNI ASSOCIATION
3. State of Incorporation: RI	4. Brief description of the character of business conducted in Rhode Island: FOR PROFESSIONAL AND EDUCATIONAL ADVANCE-MENT OF MEMBERS AND NURSES IN GENERAL

5. Principal office address	City	State	Zip
96 SLEEPY HOLLOW DR	CUMBERLAND	RI	02864

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

President Name	Street Address	City	State	Zip
CAROL McVEY	115 LYNDON AVE	CRANSTON	RI	02905

Vice-President Name	Street Address	City	State	Zip
CAROLYN DICK	34 ROGER WILLIAMS AVE	GREENVILLE	RI	02828

Secretary Name	Street Address	City	State	Zip
PATRICIA BRADLEY	96 SLEEPY HOLLOW DR	CUMBERLAND	RI	02864

Treasurer Name	Street Address	City	State	Zip
PAULINE ANDERSON	759 TOURTELLOT HILL RD	N. SCITUATE	RI	02864

. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
MOLLY THOMAN	111 CENTRAL PIKE	FOSTER	RI	02825

Director Name	Street Address	City	State	Zip
EDNA GREENE	1 LISA LANE	BRISTOL	RI	02807

Director Name	Street Address	City	State	Zip
ALMA LALIBERTE	88 ALGER RD	PROVIDENCE	RI	02907

Director Name	Street Address	City	State	Zip

. 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, Receiver or Trustee

FILED

File Date JUN 0 2 2016
Check No **BY** KL 144
By:

FOR SECRETARY OF STATE USE ONLY

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.

Patricia Bradley 6/1/16
Signature of Officer Date

PATRICIA BRADLEY
Print or Type Name of Officer

SECRETARY
Title of Officer

Form No. 631
Revised: 05/2012 137584-5 1120488