



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: 2016

1. Corporate ID No. 000504961

2. Name of Corporation Rhode Island Association for Women in Psychology

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 17 CASTLE DRIVE

City or Town: HOPE

State: RI

Zip: 02831

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

ASSISTING NON PROFIT CHARITABLE ORGANIZATIONS TO ADDRESS ISSUES OF POVERTY, ABUSE AND INEQUALITY AND OTHER ISSUES INCLUDING FINANCIAL ASSISTANCE

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	KATHRYN QUINA	17 CASTLE DRIVE HOPE, RI 02831 USA
DIRECTOR	MARY ZAHM	90 EVELIN CIRCLE

		MIDDLETOWN, RI 02842 USA
DIRECTOR	CYNTHIA ROBERTS	49 WEEKS STREET NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	MAILEE KUE	1150 DOUGLAS PIKE SMITHFIELD, RI 02917 US

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

KATHRYN QUINA 17 CASTLE DRIVE HOPE , RI 02831

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

Signed this 6 Day of June, 2016 at 6:19:59 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 KATHRYN QUINA
Signature of Authorized Person

Form No. 631
Revised 09/07

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