



**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 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. 000106392		2. Exact name of the Corporation: <b>OCEAN STATE UNIT 116 MILITARY WOMEN ACROSS THE NATION</b> (FORMER: WAVES NATIONAL, RI. OCEAN STATE UNIT #118)			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island Education, encourage patriotism, assist fellow veterans and participate in patriotic ceremonies			
5. Principal office address 322 Corey Lane		City Middletown		State RI	Zip 02842
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name Shirley A. Hill			Vice-President Name Carol Rotkin		
Street Address 322 Corey Lane			Street Address 103 Trellis Drive		
City Middletown	State RI	Zip 02842	City West Warwick	State RI	Zip 02893-2172
Secretary Name Luisa M. White			Treasurer Name Shirley A. Hill		
Street Address 60 C Saddle Green			Street Address 322 Corey Lane		
City North Providence, RI	State RI	Zip 02904	City Middletown	State RI	Zip 02842
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name Virginia Hanson			Director Name Evelyn Cohen		
Street Address 40 Swan View Lane			Street Address 230 Negansett Ave.		
City North Kingstown	State RI	Zip 02852	City Warwick	State RI	Zip 02888
Director Name Dorothy Collins			Director Name		
Street Address 1022 Riverside Ave.			Street Address		
City Somerset	State MA	Zip 02726-2838	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
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

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.

**FILED** *or*

JUN 06 2016

BY 1244

*Shirley A Hill* 6/4/2016  
 Signature of Officer or Authorized Representative Date: ~~6/22/2016~~

Shirley A. Hill, President

Print or Type Name of Officer or Authorized Representative