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State of Rhode Island and Providence Plantations
Department of State - Business Services Division
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
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
28572	**The Miriam Hospital Women's Association**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**non-profit fundraising**

5. Principal Office Address	City	State	Zip
164 Summit Aveue	**Providence**	**RI**	**02906**

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Sherry S. Cohen**			Vice-President Name **Marianne Litwin, Co-VP**		
Street Address **6 Harwich Road**			Street Address **42 Intervale Road**		
City **Providence**	State **RI**	Zip **02906**	City **Providence**	State **RI**	Zip **02906**
Secretary Name **Judy Siegel**			Treasurer Name **Susan Guerra**		
Street Address **175 Laurel Avenue**			Street Address **27 Sylvia Lane**		
City **Providence**	State **RI**	Zip **02906**	City **Lincoln**	State **RI**	Zip **02865**

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors.
Check the box to indicate an attachment ☐

Director Name **Marcia Blacher, Board of Directors**			Director Name **Randi-Beth Beranbaum, Board of Directors**		
Street Address **20 Old Tannery Road**			Street Address **5 Wingate Road**		
City **Providence**	State **RI**	Zip **02906**	City **Providence**	State **RI**	Zip **02906**
Director Name **Susan A. Kaplan, Board of Directors**			Director Name **Diane Lazarus, Board of Directors**		
Street Address **90 Taber Avenue**			Street Address **135 East Hill Drive**		
City **Providence**	State **RI**	Zip **02906**	City **Cranston**	State **RI**	Zip **02920**

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.

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.

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

Name of Officer/Authorized Representative	Date
Sherry S. Cohen	6/6/16

Signature of Officer/Authorized Representative
Sherry S Cohen SIGN DOCUMENT HERE

FILED
JUN 08 2016
BY 1024DS

Form No. 631
Revised 2010

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