



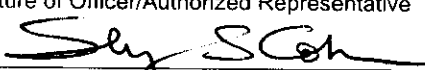
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 Avenue		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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Sherry S. Cohen				Date 6/6/16	
Signature of Officer/Authorized Representative  (SIGN DOCUMENT HERE)					