



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. 000026621

2. Name of Corporation The League of Women Voters of Providence

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: ONE RICHMOND SQUARE

City or Town: PROVIDENCE

State: RI Zip: 02906 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

THE PROMOTION OF PUBLIC INVOLVEMENT IN GOVERNMENT AND PUBLIC INFORMATION ABOUT GOVERNMENT.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	JOAN RETSINAS	344 TABER AVE. PROVIDENCE, RI 02906 USA
TREASURER	BARBARA FELDMAN	30 PRESIDENT AVE. PROVIDENCE, RI 02906 USA

SECRETARY	HOLLIE COURAGE	437 LLOYD AVE. PROVIDENCE, RI 02906 USA
DIRECTOR	MARIAN STYLES MCCLINTOCK	33 LEO AVE. PROVIDENCE, RI 02904 USA
DIRECTOR	BARBARA RITER	133 DEXTERDALE RD. PROVIDENCE, RI 02906 USA
DIRECTOR	MAUREEN ROMANS	324 MOUNT PLEASANT AVENUE PROVIDENCE, RI 02908 USA

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

HOLLIE U. COURAGE 437 LLOYD AVENUE PROVIDENCE , RI 02906

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

Signed this 15 Day of June, 2016 at 10:50:05 AM 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 BARBARA M. FELDMAN
Signature of Authorized Person

Form No. 631
Revised 09/07