



**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. 000119748

2. Name of Corporation Women's Wilderness Weekend of RI

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 8686
City or Town: CRANSTON State: RI Zip: 02920 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

TO PROVIDE AN OPPORTUNITY FOR WOMEN'S SELF-DEVELOPMENT THROUGH CLASSES, RECREATION AND FELLOWSHIP

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
TREASURER	TERESA MCKIM	230 ADAMS STREET, APT 2 ABINGTON, MA 02351 USA
SECRETARY	CHERYL MILLER	18 JODIE CIRCLE UXBRIDGE, MA 01569 USA

PRESIDENT	MARY CARLOS	177 HOPKINS HILL ROAD COVENTRY, RI 02816 USA
DIRECTOR	SUSAN DURFEE	26 WASHINGTON STREET PAWCATUCK, CT 06379 USA
DIRECTOR	DAWN RUBINO	115 NARRAGANSETT AVENUE BARRINGTON, RI 02806 USA
DIRECTOR	ELLEN OLIVEIRA	2883 NORTH MAIN STREET FALL RIVER, MA 02720 USA
DIRECTOR	KATHY WEBER	89 SNUFF MILL ROAD SAUNDERSTOWN, RI 02874 USA
DIRECTOR	SANDY TISSIERE	30 ACORN DRIVE WESTERLY, RI 02891 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**

PATRICIA A. NICKLES 57 HAVERHILL AVENUE NORTH KINGSTOWN , RI 02852

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

Signed this 30 Day of June, 2016 at 10:08:37 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 TERESA MCKIM
Signature of Authorized Person

Form No. 631
Revised 09/07