



**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.** 000026049

**2. Name of Corporation** Infection Control Professionals, Southern New England (ICP,SNE)

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: P.O. BOX 100571

City or Town: CRANSTON State: RI Zip: 02905 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 825 CHALKSTONE AVE

City or Town: PROVIDENCE State: RI Zip: 02908 Country: UNI

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

GROUP OF INFECTION CONTROL PROFESSIONALS INVOLVED IN EDUCATION AND EPIDEMIOLOGY IN THE HOSPITAL AND OTHER HEALTH CARE SETTINGS

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	NANCY VALLANDE	164 SUMMIT AVE PROVIDENCE, RI 02906 USA
DIRECTOR	MARLENE FISHMAN WOLPERT MPH, CIC	200 HIGH SERVICE AVE N PROVIDENCE, RI 02904 USA

DIRECTOR	DEBORAH QUIRK RN	455 TOLLGATE RD WARWICK, RI 02886 USA
DIRECTOR	HEIDI I MIKKELSEN-MCCABE MIKKELSEN-	825 CHALKSTONE AVE 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**

MARY ELLEN CASEY 101 DUDLEY STREET PROVIDENCE , RI 02905

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

**Signed this 17 Day of July, 2016 at 1:52:35 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 HEIDI I MIKKELSEN-MCCABE  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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