



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 123793		2. Exact name of the Corporation THE INDEPENDENT WOMAN, INC.			
3. Principal Office Address 400 BALD HILL ROAD, SUITE 508			City WARWICK	State RI	Zip 02886
4. NAICS Code 62 - Health Care and Social As		6. Brief description of the character of business conducted in Rhode Island GYNECOLOGIC SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name MARY CATHERINE DEROSA, M.D.			Vice-President Name NONE		
Street Address 147 DATEHILL DRIVE			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Secretary Name MARY CATHERINE DEROSA, M.D.			Treasurer Name MARY CATHERINE DEROSA, M.D.		
Street Address 147 DATEHILL DRIVE			Street Address 147 DATEHILL DRIVE		
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name MARY CATHERINE DEROSA, M.D.			Director Name None		
Street Address 147 DATEHILL DRIVE			Street Address		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	No Par Value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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.					
Name of Authorized Representative MARY CATHERINE DEROSA				Date 2/13/17	
Signature of Authorized Representative <i>Mary Catherine De Rosa</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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