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	2. Exact name of the Corporation
123793	THE INDEPENDENT WOMAN, INC.

3. Principal Office Address	City	State	Zip
400 BALD HILL ROAD, SUITE 508	WARWICK	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
62 - Health Care and Social Ass	GYNECOLOGIC SERVICES
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
MARY CATHERINE DEROSA, M.D.	147 DATEHILL DRIVE	EAST GREENWICH	RI	02818

Vice-President Name	Street Address	City	State	Zip
NONE				

Secretary Name	Street Address	City	State	Zip
MARY CATHERINE DEROSA, M.D.	147 DATEHILL DRIVE	EAST GREENWICH	RI	02818

Treasurer Name	Street Address	City	State	Zip
MARY CATHERINE DEROSA, M.D.	147 DATEHILL DRIVE	EAST GREENWICH	RI	02818

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
MARY CATHERINE DEROSA, M.D.	147 DATEHILL DRIVE	EAST GREENWICH	RI	02818
NONE				

Director Name	Street Address	City	State	Zip
None				
NONE				

9. Shares Authorized

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 ☐

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	Date
MARY CATHERINE DEROSA	2/13/17

Signature of Authorized Representative

X Mary Catherine DeRosa

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

FEB 27 2017
BY 7299 DS

FORM 630 - Revised: 10/2016