



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2017**

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 30555		2. Exact name of the Corporation Rhode Island Hospital Nurses' Alumni Associatiomn			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Preserve the heritage of the Association, promote fellowship among the members,render assistance in times of need, promote the professional advancement of nursing.			
4. NAICS Code 813212 - Voluntary Health O					
6. Principal Office Address 105 Lockwood Street			City Providence	State RI	Zip 02903
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kathleen Bancroft			Vice-President Name Elaine Theriault		
Street Address 330 Ives Road			Street Address 24 New Road		
City Warwick	State RI	Zip 02818	City Chepachet	State RI	Zip 02814
Secretary Name Ann Gagnon			Treasurer Name Susan McNamara		
Street Address 10 Champlin Way			Street Address 1 Cedar Grove Court		
City Jamestown	State RI	Zip 02835	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jacqueline Almon			Director Name Donna Cimini		
Street Address 131 Godfrey Drive			Street Address 41 Tomahawk Court		
City Norton	State MA	Zip 02766	City Warwick	State RI	Zip 02886
Director Name Vicki Moriarty			Director Name Patricia Sarazen		
Street Address 52 High Point Drive			Street Address 154 Pine Glen Drive		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Mary S. Ruggieri, Office Manager and Executive Secxreetary					Date 6/5/17
Signature of Officer/Authorized Representative <i>Mary S. Ruggieri</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

FILED *OR*
 JUN 07 2017
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