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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.

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

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 0 7 2017

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