



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 26869		2. Exact name of the Corporation Episcopal Church Women, Diocese of Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island the Diocesan Organization of Episcopal Church Women for Charitable Purposes and their support			
4. NAICS Code 813920 - Professional Org					
6. Principal Office Address 275 North Main 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 Linda Guest			Vice-President Name Marjorie Reeves-Briden		
Street Address 29 Hazelwood Street			Street Address 1780 Nooseneck Hill Road		
City Cranston	State RI	Zip 02910	City Coventry	State RI	Zip 02816
Secretary Name Margaret E. Noel			Treasurer Name Priscilla D. McFarland		
Street Address 225 New London Avenue #434			Street Address 555 Main Street		
City Cranston	State RI	Zip 02920	City Sumner	State ME	Zip 04292
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 Virginia Chase			Director Name Sandra DiPalma		
Street Address 355 Blackstone Blvd.			Street Address 72 Merry Mount Drive		
City Providence	State RI	Zip 02906	City Warwick	State RI	Zip 02888
Director Name Bernice Belt			Director Name		
Street Address 37 Shepard Avenue			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
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.					
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 Linda Guest, President				Date 6/9/17	
Signature of Officer/Authorized Representative <i>Linda Guest</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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 JUN 12 2017
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