



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000093247

**2. Name of Corporation** RIWA, INC.

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813319

**4. Corporate Address in Rhode Island**

No. and Street: 447 SAW MILL ROAD

City or Town: NORTH SCITUATE

State: RI

Zip: 02857

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PROVIDE A SUPPORTIVE SOCIAL, RECREATIONAL AND EDUCATIONAL NETWORK FOR WOMEN WHO HAVE CHOSEN A SELF-DEFINED GAY OR LESBIAN LIFESTYLE.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	DONNA-MARIE FRAPPIER	103 AUBURN ST, CRANSTON, RI 02910 USA
TREASURER	LYNN MARIE FURNEY MS.	447 SAW MILL ROAD NORTH SCITUATE, RI 02857 USA
SECRETARY	LISA ABREAU	10 GROVE ST, ATTLEBORO, MA 02703 USA
VICE PRESIDENT	LESLIE BAKER	24 LANDAU RD. PLAINVILLE, MA 02762 USA
DIRECTOR	SHARON CAVALLORO	15 ASH AVE, CRANSTON, RI 02910 USA
DIRECTOR	LISA CIPRIANO	29 STATION ST. STOUGHTON, MA 02072 USA
DIRECTOR	JENNIFER HEALD	20 JOHNSON ST WESTPORT, MA 02790 MA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LYNN FURNEY 447 SAW MILL ROAD NORTH SCITUATE , RI 02857

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 30 Day of June, 2017 at 11:12:54 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By LYNN M. FURNEY  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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