



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 30280		2. Exact name of the Corporation ROGER WILLIAMS GENERAL HOSPITALNURSES ALUMNAE ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island <i>Professional and educational advancement of members and nurses</i>			
4. NAICS Code 813920 - Professional Organiza					
6. Principal Office Address 293 WHITFORD AVENUE		City PROVIDENCE	State RI	Zip 02908	<i>in General</i>
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name LUCILLE MASSIMINO		Vice-President Name			
Street Address 634 CENTRAL PIKE		Street Address			
City N. SCITUATE	State RI	Zip 02857	City	State	
Secretary Name JEANETTE S. MATRONE		Treasurer Name DONNA POLICASTRO			
Street Address 72 HIGHLAND ROAD		Street Address 1800D MINERAL SPRING AVENUE; #299			
City BRISTOL	State RI	Zip 02809	City N. PROVIDENCE	State RI	
Zip 02809	City N. PROVIDENCE	State RI	Zip 02904		
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 CAROLYN HOPKINS		Director Name NEIL BUCCI			
Street Address 1 DANIELSON PIKE		Street Address 39 NOOSENECK HILL ROAD			
City FOSTER	State RI	Zip 02825	City W. GREENWICH	State RI	
Zip 02825	City W. GREENWICH	State RI	Zip 02817		
Director Name BIANCA POLICASTRO		Director Name			
Street Address 293 WHITFORD AVENUE		Street Address			
City PROVIDENCE	State RI	Zip 02908	City	State	
Zip 02908	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.					
<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 <i>DONNA M. POLICASTRO</i>			Date <i>07/10/2017</i>		
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</i>					

FILED

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

JUL 12 2017

BY *[Signature]*

FORM 631 - Revised: 06/2017