



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

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV  
 2017 JUL 21 AM 10:43

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 <b>000106392</b>	2. Exact name of the Corporation <b>Ocean State Unit 118 Military Women Across the Nation RI (Former WAVES National RI Ocean State 118)</b>
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>Education, encourage Patriotism, Assist Fellow Veterans and participate in patriotic ceremonies.</b>
4. NAICS Code <b>624190</b>	

6. Principal Office Address <b>18 Congdon Ave</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>
--	------------------------	--------------------	---------------------

7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <b>VIRGINIA (GINNY) HANSON</b>			Vice-President Name <b>MARGARET P. SMITH</b>		
Street Address <b>40 SWAN View Lane</b>			Street Address <b>102 EVARTS Street #1</b>		
City <b>No. Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
Secretary Name <b>PATRICIA Denny</b>			Treasurer Name <b>Elena M. Soini</b>		
Street Address <b>13 Jefferson Ct</b>			Street Address <b>18 Congdon Ave</b>		
City <b>Fall River</b>	State <b>MA</b>	Zip <b>02720</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02840</b>

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment

Director Name <b>Dorothy Collins</b>			Director Name <b>Lois LePAK</b>		
Street Address <b>1022 Riverside Ave</b>			Street Address <b>65 Seascap Ave</b>		
City <b>Somerset</b>	State <b>MA</b>	Zip <b>02726</b>	City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>
Director Name <b>SHIRLEY A. HILL</b>			Director Name <b>Gretchen Woodard</b>		
Street Address <b>322 COREY Lane</b>			Street Address <b>2 Heath St</b>		
City <b>Middletown</b>	State <b>RI</b>	Zip <b>02842</b>	City <b>Newport</b>	State <b>RI</b>	Zip <b>02842</b>

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 <b>ELENA M. SOINI</b>	Date
--	------

Signature of Officer/Authorized Representative

**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 21 2017**  
 BY 308707 *klm*  
 FORM 631 - Revised: 05/2017