



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State - Division of Business Services

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <u>26231</u>		2. Exact name of the Corporation <u>ALUMNAE ASSOC. of Newport Hospital School of NURSING, Incorporated</u>	
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>Provide Stipend For Underserved MHSN graduates Nurses, Promote Education &amp; information to graduates</u>	
5. Principal office address <u>PO BOX 4731</u>		City <u>Middletown</u>	State <u>RI</u>
		Zip <u>02842</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>MARY Roche</u>		Vice-President Name <u>Nancy Souza</u>	
Street Address <u>110 Van Zandt AVE</u>		Street Address <u>211 Windward DR.</u>	
City <u>Newport</u>	State <u>RI</u>	City <u>Portsmouth</u>	State <u>RI</u>
Zip <u>02840</u>		Zip <u>02871</u>	
Secretary Name <u>Angela Volpicelli</u>		Treasurer Name <u>Cheryl Abney</u>	
Street Address <u>31 Lawton Brook LN</u>		Street Address <u>12 Summer St.</u>	
City <u>Portsmouth</u>	State <u>RI</u>	City <u>Newport</u>	State <u>RI</u>
Zip <u>02871</u>		Zip <u>02840</u>	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name <u>Rosemarie Nash</u>		Director Name <u>Carole Devine</u>	
Street Address <u>12 Bartlett Rd.</u>		Street Address <u>575 Wyatt Rd.</u>	
City <u>Middletown</u>	State <u>RI</u>	City <u>Middletown</u>	State <u>RI</u>
Zip <u>02842</u>		Zip <u>02842</u>	
Director Name <u>Ann Clark</u>		Director Name <u>June Martin</u>	
Street Address <u>20 Indian Av. #18</u>		Street Address <u>53 Oak St.</u>	
City <u>Portsmouth</u>	State <u>RI</u>	City <u>Middletown</u>	State <u>RI</u>
Zip <u>0271</u>		Zip <u>02842</u>	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

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

FILED

10:26

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File Date \_\_\_\_\_

Check No. \_\_\_\_\_ BY 317646

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

Cheryl L. Abney 10/24/2017  
Signature of Officer or Authorized Representative Date

CHERYL ABNEY  
Print or Type Name of Officer or Authorized Representative

Treasurer