



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

Annual Report for the year: 2018
 Corporation _____

STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 108194		2. Exact name of the Corporation Caring for Women, inc.	
3. Principal Office Address 166 Toll Gate Road		City Warwick	State RI
		Zip 02886	
4. NAICS Code 62 - Health Care and Social Ass	6. Brief description of the character of business conducted in Rhode Island Obstetrical and gynecological medicine		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert A. Salk		Vice-President Name Robert A. Salk	
Street Address 166 Toll Gate Road		Street Address 166 Toll Gate Road	
City Warwick	State RI	Zip 02886	City Warwick
			State Ri
			Zip 02886
Secretary Name Mauro Colavita		Treasurer Name Robert A. Salk	
Street Address 166 Toll Gate Road		Street Address 166 Toll Gate Road	
City Warwick	State RI	Zip 02886	City Warwick
			State RI
			Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name None		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		3,000	common
			PAR VALUE
			\$.01
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>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>			
Name of Authorized Representative Robert A. Salk			Date
Signature of Authorized Representative 			
SIGN DOCUMENT HERE			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

MAR 22 2018
 BY 18157 DS FORM 500 - Revised: 10/2016