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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

RECEIVED SECRETARY OF STATE CORPORATIONS DIV

Annual Report for the year: Non-Profit Corporation

2018

2018 JUN 15 AM 11:06

→ Filing period. June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

Entity ID Number	2. Exact name c	of the Corporation	<u></u>		Association
000028320	#1 of Rhode Island Chapter of the National				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Community service and support for women in the construction industry				
4. NAICS Code	1				
813910 - Business Association					
6. Principal Office Address	<u> </u>		City	State	Zıp
PO Box 10205			Cranston	RI	02910
7. List ALL officers (names and add	dresses)			Check the box to indi	cate an attachment
President Name Lindsey Desjarlais			Vice-President Name Jackie Pagel		
Street Address 15 Spruce Dr.			Street Address 100 Hilltop Drive		
City Hope	State RI	Zip 02831	City Charlestown	State RI	Zip 02813
Secretary Name Nora Benson			Treasurer Name Katharine E. Kohm		
Street Address 505 Narragansett Park Dr.			Street Address 1 Financial Plaza, 26th Flr		
City Pawtucket	State RI	<sup>7</sup> 'P <b>02861</b>	City Providence	State RI	Zip 02903
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment					
Director Name Virginia Bragger-Hucks			Director Name Lori Corsi		
Street Address 38 Albion Rd.			Street Address 75 Chapman St.		
City Lincoln	State RI	Zip 02865	City Providence	State RI	Zip 02905
Director Name Carol O'Connell			Director Name Joyce Therrien		
Street Address 2143 Hartford Ave.			Street Address 450 Veterans Memorial Parkway, 301A		
City Johnston	State RI	Zip 02919	City East Providence	State RI	Zip 02914
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 Repres			Date		
Katharine E. Kohm, Treasurer				6/10/18	
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE					

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov

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Additional Page For: ENTITY ID NO. 000028320 (Annual Report 2018)

**#1** of RI Chapter 52 of the National Association of Women in Construction

Directors (cont'd)

**Director Name:** Sandra Tremblay

**Street Address:** 24 Corliss Street, Suite 9092

City:

Providence

State:

RΙ

Zip:

02940