



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000550830

**2. Name of Corporation** RI affiliate of the ACNM

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code   
813920

**4. Corporate Address in Rhode Island**

No. and Street: PO BOX 209  
City or Town: CHARLESTOWN State: RI Zip: 02813 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:  
City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

THE GENERAL PURPOSE FOR WHICH THIS CORPORATION IS ORGANIZED SHALL BE TO ACT WITHIN THE SCOPE OF 501(C)(6) ORGANIZATIONS, INCLUDING THE ABILITY TO CONDUCT AND TRANSACT ANY AND ALL LAWFUL BUSINESS AUTHORIZED OR NOT PROHIBITED BY THE RHODE ISLAND STATUTES, AS THE SAME MAY BE FROM TIME TO TIME AMENDED, INCLUDING BUT NOT LIMITED TO 1) THE PROMOTION OF THE PROFESSION OF MIDWIFERY, EXCELLENCE IN THE PRACTICE OF MIDWIFERY AND THE EDUCATION OF MIDWIVES WITHIN THE STATE OF

STATE/TERRITORY/UNIFORMED SERVICES NAME) 2) THE FACILITATION OF COMMUNICATION BETWEEN THE AMERICAN COLLEGE OF NURSE-MIDWIVES [MEMBERSHIP OF THE STATE OF STATE/TERRITORY/UNIFORMED SERVICES NAME] 3) ESTABLISHMENT OF A MECHANISM FOR COOPERATION WITH OTHER GROUPS AND ORGANIZATIONS IN PROMOTING THE HEALTH AND WELL BEING OF [STATE/TERRITORY/UNIFORMED SERVICE'S] FAMILIES. 4) REPRESENTATION OF THE MEMBERSHIP REGARDING ISSUES IMPACTING THE PRACTICE OF MIDWIFERY IN THE STATE OF [STATE/TERRITORY/UNIFORMED SERVICES] IN ACCORDANCE WITH THE BYLAWS AND POLICY GUIDELINES OF THE AMERICAN COLLEGE OF NURSE-MIDWIVES. 5) ENGAGE IN AND SUPPORT RESEARCH ACTIVITIES RELATING TO THE PROFESSION OF MIDWIFERY AND WOMEN'S HEALTH. 6) PROVIDE A RECOGNIZED FORUM FOR THE FREE EXCHANGE OF IDEAS AND INFORMATION RELATED TO THE MIDWIFERY PROFESSION AND WOMEN'S HEALTH ISSUES. 7)SERVE AS A SOURCE OF INFORMATION TO THE PUBLIC AND TO GOVERNMENT AGENCIES CONCERNING EXCELLENCE IN MIDWIFERY AND WOMEN'S HEALTH CARE PRACTICES AND SERVICES. 8) SUPPORT AND FOSTER APPROPRIATE PROFESSIONAL LICENSURE REGULATIONS AND LEGISLATION RELATED TO MIDWIFERY AND WOMEN'S HEALTH ISSUES. 9) ENGAGE IN ALL OTHER CORPORATE ACTIVITIES PERMITTED BY LAW.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHELLE PALMER	PO BOX 209 CHARLESTON, RI 02813 USA
TREASURER	FIONA CLEMENT	42 SAGE TRL NORTH KINGSTON, RI 02852 USA
SECRETARY	WILLA CAMPBELL	106 MAPLE AVE RIVERSIDE, RI 02915 USA
VICE PRESIDENT	CHELSEA WEBB	126 ROCHAMBEAU AVE PROVIDENCE, RI 02906 USA
DIRECTOR	CHELSEA WEBB	126 ROCHAMBEAU AVE PROVIDENCE, RI 02906 USA
DIRECTOR	WILLA CAMPBELL	106 MAPLE AVE RIVERSIDE, RI 02915 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

**LINDA A. HUNTER 15 TRENTON STREET, APT. 1L PAWTUCKET , RI 02860**

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

**Signed this 2 Day of July, 2018 at 12:45:45 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are**

*true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MICHELLE PALMER  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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