



Department of State - Business Services Division

Annual Report for the year: 2019  
 Non-Profit Corporation

**FILED**

JUN 06 2019

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

*W. F. [Signature]*

1. Entity ID Number <b>1338482</b>		2. Exact name of the Corporation <b>R.I. Coalition of Labor Union Women</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To unify all union women and related activities.</b>			
4. NAICS Code <b>813930</b>					
6. Principal Office Address <b>194 Smith St.</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Maureen Martin</b>		Vice-President Name <b>Liz Murtha</b>			
Street Address <b>194 Smith St.</b>		Street Address <b>97 Summit St.</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Secretary Name <b>Carol Buffery</b>		Treasurer Name <b>Cheryl Masciarelli</b>			
Street Address <b>89 Ann Mary Brown Dr.</b>		Street Address <b>194 Smith St.</b>			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Maureen Martin</b>		Director Name <b>Liz Murtha</b>			
Street Address <b>194 Smith St.</b>		Street Address <b>97 Summit St.</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Director Name <b>Carol Buffery</b>		Director Name <b>Cheryl Masciarelli</b>			
Street Address <b>89 Ann Mary Brown Dr.</b>		Street Address <b>194 Smith St.</b>			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative <b>Maureen Martin</b>				Date <b>6/3/19</b>	
Signature of Officer/Authorized Representative <i>Maureen Martin</i>					