



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

Annual Report for the year: 2019
Non-Profit Corporation

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 JUN 19 AM 11:19

1. Entity ID Number 000026869		2. Exact name of the Corporation Episcopal Church Women, Diocese of Rhode Island	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island the Diocesan Organization of Episcopal Church Women for charitable purposes	
4. NAICS Code 813920-Professional Org			
6. Principal Office Address 275 North Main Street		City Providence	State RI
		Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Linda Guest		Vice-President Name MARJORIE REEVES-BRIDEN	
Street Address 29 HAZELTON STREET		Street Address 1780 MOSENECK HILL ROAD #22	
City CRANSTON	State RI	City COVENTRY	State RI
Zip 02910		Zip 02816	
Secretary Name MARGUERITE A. HEENEHAN		Treasurer Name MARGARET E. NOEL	
Street Address 201 ATLANTIC AVE		Street Address 225 NEW LONDON AVE #434	
City WESTPORT	State MA	City CRANSTON	State RI
Zip 02790		Zip 02920	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name VIRGINIA CHASE		Director Name SANDRA DiPALMA	
Street Address 355 BLACKSTONE BLVD		Street Address 72 MERRY MOUNT DRIVE	
City PROVIDENCE	State RI	City WARWICK	State RI
Zip 02906		Zip 02608	
Director Name Bernice Belt		Director Name	
Street Address 37 SHEPARD AVENUE		Street Address	
City PROVIDENCE	State RI	City	State
Zip 02804		Zip	
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 Representative MARGARET E. NOEL			Date 6-19-19
Signature of Officer/Authorized Representative <i>Margaret E. Noel</i>			

FILED

JUN 19 2019

BY *[Signature]* FNY7F

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov