



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

**FILED**

JUL 01 2019

869

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

1. Entity ID Number <b>000028320</b>		2. Exact name of the Corporation <b>#1 OF RHODE ISLAND CHAPTER OF NAT'L ASSOCIATION OF WOMEN IN CONSTRUCTION</b>			
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>COMMUNITY SERVICE + SUPPORT FOR WOMEN IN THE CONSTRUCTION INDUSTRY.</b>			
4. NAICS Code <b>813910-BUS. ASSOC</b>					
6. Principal Office Address <b>P.O. BOX 10205</b>			City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</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>JACKIE PAGEL</b>			Vice-President Name <b>SOPHIA KARVUNIS</b>		
Street Address <b>100 HILLTOP DRIVE</b>			Street Address <b>1285 WATERFORD DRIVE</b>		
City <b>CHARLESTOWN</b>	State <b>RI</b>	Zip <b>02813</b>	City <b>E. GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>JOYCE THERRIEN</b>			Treasurer Name <b>SOPHIA KARVUNIS</b>		
Street Address <b>450 VETERANS MEMORIAL PKWY, #301A</b>			Street Address <b>1285 WATERFORD DRIVE</b>		
City <b>E. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>E. GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>VIRGINIA BRAGGER-HUCKS</b>			Director Name <b>CAROL O'DONNELL</b>		
Street Address <b>38 ALBION RD.</b>			Street Address <b>2143 HARTFORD AVENUE</b>		
City <b>LINCOLN</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>JOHNSTON</b>	State <b>RI</b>	Zip <b>02919</b>
Director Name <b>LSA CARLISLE</b>			Director Name <b>KRISTEN PISCOPIELLO</b>		
Street Address <b>34 NARRAGANSETT AVENUE, STE. 1</b>			Street Address <b>1926 SMITH STREET</b>		
City <b>JAMESTOWN</b>	State <b>RI</b>	Zip <b>02825</b>	City <b>N. PROVIDENCE</b>	State <b>RI</b>	Zip <b>02911</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>SOPHIA KARVUNIS, TREASURER</b>					Date <b>6-27-19</b>
Signature of Officer/Authorized Representative 					