



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

Annual Report for the year: **2020**
 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.

FILED
 JUN 19 2020 ✓
 1124

1. Entity ID Number 000028572		2. Exact name of the Corporation Miriam Hospital Women's Assn.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Non-Profit Fundraising	
4. NAICS Code 813212 - Voluntary Health			
6. Principal Office Address 164 Summit Ave.		City Providence	State RI
		Zip 02906	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name Barbara Horovitz Brown		Vice-President Name Marilyn Myrow	
Street Address 538 Middle Road		Street Address 62 Rockridge Rd.	
City East Greenwich	State RI	City Lincoln	State RI
Zip 02818		Zip 02865	
Secretary Name Mary Gagnon		Treasurer Name Marianne Litwin	
Street Address 344 Doyle Ave.		Street Address 42 Intervale Rd.	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
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 Paula Cofone		Director Name Lori Elias	
Street Address 255 Promenade St., Unit 319		Street Address 30 Lisa Ln.	
City Providence	State RI	City Warwick	State RI
Zip 02908		Zip 02889	
Director Name Kristie Simon		Director Name Caryl Freedman	
Street Address 186 Laurel Ave.		Street Address 70 Martingale Dr.	
City Providence	State RI	City Warwick	State RI
Zip 02906		Zip 02886	
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<i>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.</i>			
<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 Barbara Horovitz Brown			Date 6/11/20
Signature of Officer/Authorized Representative <i>Barbara Horovitz Brown</i>			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