



**State of Rhode Island
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: 2020

1. Corporate ID No. 000042018

2. Name of Corporation Women & Infants Development Foundation

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

4. Principal Office Address

No. and Street: 101 DUDLEY STREET
City or Town: PROVIDENCE State: RI Zip: 02905 Country: USA

5. Foreign Corporation. Enter Principal Office Address

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

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

FUNDRAISING AND OTHER DEVELOPMENT ACTIVITIES FOR WOMEN AND INFANTS
HOSPITAL OF RHODE ISLAND

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	COLLEEN RAMOS	101 DUDLEY STREET PROVIDENCE, RI 02905 USA
SECRETARY	GERALDINE VERRECCHIA	580 OCEAN ROAD NARRAGANSETT, RI 02882 USA
CHAIRPERSON	OLIVER BENNETT	236 GEORGE STREET PROVIDENCE, RI 02906 USA
EX OFFICIO DIRECTOR	JAMES E. FANALE, MD	45 WILLARD AVENUE PROVIDENCE, RI 02905 USA
EX OFFICIO DIRECTOR	COLLEEN RAMOS	101 DUDLEY STREET PROVIDENCE, RI 02905 USA
DIRECTOR	SHANNON SULLIVAN	101 DUDLEY STREET PROVIDENCE, RI 02905 USA
HONORARY DIRECTOR	EDWARD ALMON	345 CHANNEL VIEW, UNIT 3 WARWICK, RI 02889 USA
HONORARY DIRECTOR	KATHRYN M. PARSONS	4 PALM TRAIL HOBE SOUND, FL 33455 USA
HONORARY DIRECTOR	JUDITH B. REMONDI	258 BRIDLE TRAIL ROAD NEEDHAM, MA 02495 USA
DIRECTOR	STACEY NAKASIAN	1800 FINANCIAL PLAZA PROVIDENCE, RI 02903 USA
DIRECTOR	OLIVER BENNETT	236 GEORGE STREET PROVIDENCE, RI 02906 USA
DIRECTOR	CONSTANCE A. HOWES	253 FREEMAN PARKWAY PROVIDENCE, RI 02906 USA
DIRECTOR	ALDEN M. ANDERSON, JR.	104 CONGDON STREET PROVIDENCE, RI 02906 USA
DIRECTOR	THERESE S. STAFFORD	17 SHARRON DRIVE COVENTRY, RI 02816 USA
DIRECTOR	GERALDINE VERRECCHIA	580 OCEAN ROAD NARRAGANSETT, RI 02882 USA

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

ASHLEY TAYLOR CARE NEW ENGLAND HEALTH SYSTEM 45 WILLARD AVENUE PROVIDENCE ,
RI 02905

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

Signed this 24 Day of February, 2021 at 11:58:07 AM 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 COLLEEN RAMOS
Signature of Authorized Person

Form No. 631
Revised 09/07

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