



**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: 2021

1. Corporate ID No. 000030280

2. Name of Corporation ROGER WILLIAMS GENERAL HOSPITAL NURSES ALUMNAE ASSOCIATION

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: 293 WHITFORD AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 293 WHITFORD AVENUE

City or Town: PROVIDENCE

State: RI

Zip: 02908-3354

Country: UNI

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

PROFESSIONAL AND EDUCATIONAL ADVANCEMENT OF MEMBERS AND NURSING IN GENERAL.

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
PRESIDENT	CAROLYN HOPKINS	1 DANIELSON PIKE FOSTER, RI 02825 USA
TREASURER	DONNA POLICASTRO	293 WHITFORD AVE. PROVIDENCE, RI 02908 USA
DIRECTOR	HELENE MARTIN	777 SMITHFIELD RD. N. PROVIDENCE, RI 02904 USA
DIRECTOR	MARCIA SPRAGUE	130 DARBY RD. N. SCITUATE , RI 02857 USA
DIRECTOR	MARY BUONACOURSI	2 ORCHARD MEADOW DR. SMITHFIELD, RI 02917 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

PATRICIA D. BRADLEY 96 SLEEPY HOLLOW DRIVE CUMBERLAND , RI 02864

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

Signed this 28 Day of June, 2021 at 2:36:27 PM 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 DONNA POLICASTRO
Signature of Authorized Person

Form No. 631
Revised 09/07

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