



**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. 000550830

2. Name of Corporation RI affiliate of the ACNM

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: 867 NARRAGANSETT PKWY

City or Town: WARWICK

State: RI Zip: 02888 Country: USA

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

THE GENERAL PURPOSE FOR WHICH THIS CORPORATION IS ORGANIZED SHALL BE TO ACT WITHIN THE SCOPE OF 501(C)(6) ORGANIZATIONS, INCLUDING THE ABILITY TO CONDUCT AND TRANSACT ANY AND ALL LAWFUL BUSINESS AUTHORIZED OR NOT PROHIBITED BY THE RHODE ISLAND STATUTES, AS THE SAME MAY BE FROM TIME TO TIME AMENDED, INCLUDING BUT NOT LIMITED TO 1) THE PROMOTION OF THE PROFESSION OF MIDWIFERY, EXCELLENCE IN THE PRACTICE OF MIDWIFERY AND THE EDUCATION OF MIDWIVES WITHIN THE STATE OF STATE/TERRITORY/UNIFORMED SERVICES NAME) 2) THE FACILITATION OF COMMUNICATION BETWEEN THE AMERICAN COLLEGE OF NURSE-MIDWIVES [MEMBERSHIP OF THE STATE OF STATE/TERRITORY/UNIFORMED SERVICES NAME] 3) ESTABLISHMENT OF A MECHANISM FOR COOPERATION WITH OTHER GROUPS AND ORGANIZATIONS IN PROMOTING THE HEALTH AND WELL BEING OF

[STATE/TERRITORY/UNIFORMED SERVICE'S] FAMILIES. 4) REPRESENTATION OF THE MEMBERSHIP REGARDING ISSUES IMPACTING THE PRACTICE OF MIDWIFERY IN THE STATE OF [STATE/TERRITORY/UNIFORMED SERVICES] IN ACCORDANCE WITH THE BYLAWS AND POLICY GUIDELINES OF THE AMERICAN COLLEGE OF NURSE-MIDWIVES. 5) ENGAGE IN AND SUPPORT RESEARCH ACTIVITIES RELATING TO THE PROFESSION OF MIDWIFERY AND WOMEN'S HEALTH. 6) PROVIDE A RECOGNIZED FORUM FOR THE FREE EXCHANGE OF IDEAS AND INFORMATION RELATED TO THE MIDWIFERY PROFESSION AND WOMEN'S HEALTH ISSUES. 7)SERVE AS A SOURCE OF INFORMATION TO THE PUBLIC AND TO GOVERNMENT AGENCIES CONCERNING EXCELLENCE IN MIDWIFERY AND WOMEN'S HEALTH CARE PRACTICES AND SERVICES. 8) SUPPORT AND FOSTER APPROPRIATE PROFESSIONAL LICENSURE REGULATIONS AND LEGISLATION RELATED TO MIDWIFERY AND WOMEN'S HEALTH ISSUES. 9) ENGAGE IN ALL OTHER CORPORATE ACTIVITIES PERMITTED BY LAW.

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	JENNIFER GRANDE	9 WALDEN WAY CRANSTON, RI 02921 USA
TREASURER	ABIGAIL WETZEL	22 MARION AVE S CRANSTON, RI 02905 USA
SECRETARY	MAGGIE KUCH	91 BLODGETT AVE PAWTUCKET, RI 02860 USA
VICE PRESIDENT	JULIE KNUTSON	101 DUDLEY ST PROVIDENCE, RI 02905 USA
DIRECTOR	LINDA A HUNTER	867 NARRAGANSETT PKWY WARWICK, RI 02888 USA
DIRECTOR	MICHELLE PALMER	P.O. BOX 209 CHARLESTON, RI 02813 USA
DIRECTOR	CHELSEA SHEA	126 ROCHAMBEAU AVENUE PROVIDENCE, RI 02906 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**

LINDA A. HUNTER 867 NARRAGANSETT PKWY WARWICK , RI 02888

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

Signed this 13 Day of October, 2021 at 12:01:35 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 ABIGAIL P WETZEL
Signature of Authorized Person

Form No. 631
Revised 09/07

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