



**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.** 000504961

**2. Name of Corporation** Rhode Island Association for Women in Psychology

**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: 17 CASTLE DRIVE

City or Town: HOPE

State: RI

Zip: 02831

Country: USA

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

ASSISTING NON PROFIT CHARITABLE ORGANIZATIONS TO ADDRESS ISSUES OF POVERTY, ABUSE AND INEQUALITY AND OTHER ISSUES INCLUDING FINANCIAL ASSISTANCE

**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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	KATHRYN QUINA	17 CASTLE DRIVE

		HOPE, RI 02831 USA
PRESIDENT	KATHRYN QUINA	17 CASTLE DRIVE HOPE, RI 02831 USA
DIRECTOR	MARY ZAHM	90 EVELIN CIRCLE MIDDLETOWN, RI 02842 USA
DIRECTOR	CYNTHIA ROBERTS	49 WEEKS STREET NORTH SMITHFIELD, RI 02896 USA
DIRECTOR	MAILEE KUE	1150 DOUGLAS PIKE SMITHFIELD, RI 02917 US

**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**

KATHRYN QUINA 17 CASTLE DRIVE HOPE , RI 02831

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

**Signed this 14 Day of October, 2021 at 12:42:46 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 KATHRYN QUINA  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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