



**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: February 1 - May 1*

*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:** 2022

**1. Corporate ID No.** 000048308

**2. Name of Corporation** Rhode Island Medical Women's 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  
813920

**4. Principal Office Address**

No. and Street: 405 PROMENADE STREET  
SUITE A

City or Town: PROVIDENCE State: RI Zip: 02908 Country: USA

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

NONPROFIT ORGANIZATION FOR WOMEN PHYSICIANS.

**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
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	LIZA AGUIAR MD	405 PROMENADE STREET, SUITE A PROVIDENCE , RI 02908 USA
DIRECTOR	DIANE SIEDLECKI MD.	235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA
IMMEDIATE PAST PRESIDENT	REENA BHATT MD	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
TREASURER	PAMELA HARROP	405 PROMENADE ST, SUITE A PROVIDENCE, RI 02908 USA
EXECUTIVE DIRECTOR	ALI WALZ	405 PROMENADE ST., SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	RACHEL SULLIVAN MD	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	NIRAELEE SHAH	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	CARYN COBB	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	NANCY LITTELL MD	593 EDDY STREET PROVIDENCE, RI 02903 USA
DIRECTOR	ELAINE FAIN, MD	100 SMITHFIELD AVENUE PAWTUCKET, RI 02860 USA
DIRECTOR	FRANCES P. CONKLIN, MD	235 PROMENADE STREET, SUITE 500 PROVIDENCE, RI 02908 USA
DIRECTOR	LIZA AQUAR MD	2 DUDLEY STREET, SUITE 185 PROVIDENCE , RI 02905-3247 USA
DIRECTOR	JOYCE MONAC MD	2200 G.A.R. HWY. SWANSEA, MA 02777 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**

MARC BIALEK 405 PROMENADE STREET, SUITE A PROVIDENCE , RI 02908

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

**Signed this 18 Day of August, 2022 at 2:36:09 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 ALI WALZ  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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