



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2024

Non-Profit Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 25 2024
BY *[Signature]*

1. Entity ID Number 65026	2. Exact name of the Corporation Nursing Foundation of Rhode Island
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island To foster nursing through student scholarships and research grants to promote the health of people in Rhode Island,
4. NAICS Code 813211	

6. Principal Office Address 62 Lippitt Street	City Warwick	State RI	Zip 02940
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Amy Nield BS RN CHPN			Vice-President Name None		
Street Address 62 Lippitt Street			Street Address		
City Warwick	State RI	Zip 02940	City	State	Zip
Secretary Name Marilyn J. Horan RN, BS, MEd			Treasurer Name Mary Louise Palm MS, RN		
Street Address 57 Grande Ville Court #2204			Street Address 116 Linden Drive		
City Wakefield	State RI	Zip 02879	City Kingston	State RI	Zip 02881

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Elizabeth M. Bloom PhD, RN			Director Name Joanne Costello, PhD, MPH, RN		
Street Address 27 Mettatuxet Road			Street Address 75 Bayberry Lane		
City Narragansett	State RI	Zip 02882	City East Greenwich	State RI	Zip 02010
Director Name Joan R. Dugas PhD, RN			Director Name Lillian Sparven RN		
Street Address 49 Schaeffer Street			Street Address 87 Scenery Lane		
City Peace Dale	State RI	Zip 02879	City Johnston	State RI	Zip 02914

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

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

Name of Officer/Authorized Representative Mary Louise Palm	Date 3/19/2024
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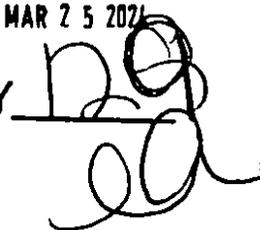
Signature of Officer/Authorized Representative
Mary Louise Palm

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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MAR 25 2024

BY

A handwritten signature in black ink, appearing to be 'D. D.', written over a horizontal line.

**Nursing Foundation of Rhode Island
Entity ID Number 65026
Additional Directors - 2024**

Desirae Heys, MSN, APRN, CNP	2 Old Richmond Townhouse Road, Carolina, RI 02812
Lori Kasher MS, RN, CPNP	180 Sessions Street, Providence, RI 02906
Helen McGovern, MSN, RN	17 Miles Avenue, Cranston, RI 02920
Jeanne Sherman, BS, MS, RN, NP	P.O. 1003, Charlestown, RI 02813