

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 - ENTER THE CURRENT YEAR **2024**: 2024

- 1. Corporate ID No. 000042018
- 2. Name of Corporation Women & Infants Development Foundation
- 3. State of Incorporation

State: RI

NAICS CODE

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 <u>click here.</u>

NAICS Code

999999

4. Principal Office Address

No. and Street: <u>101 DUDLEY STREET</u>

City or Town: PROVIDENCE State: RI Zip: 02905 Country: USA

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

FUNDRAISING AND OTHER DEVELOPMENT ACTIVITIES FOR WOMEN AND INFANTS HOSPITAL OF RHODE ISLAND

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
SECRETARY	GERALDINE VERRECCHIA	580 OCEAN ROAD NARRAGANSETT, RI 02882 USA
DIRECTOR	SHANNON SULLIVAN	101 DUDLEY STREET PROVIDENCE, RI 02905 USA
DIRECTOR	WENDY WALLACE	31 NARDOLILLO ROAD JOHNSTON, RI 02919 USA
DIRECTOR	KIRA WILLS	78 OCEAN STREET PROVIDENCE, RI 02905 USA
DIRECTOR	JILLIAN KRENK	91 BOND STREET EAST GREENWICH, RI 02818 USA
DIRECTOR	HEATHER CAMPBELL	236 GEORGE STREET PROVIDENCE, RI 02906 USA
CHAIRPERSON	RENU ENGLEHART	2005 DIVISION ROAD EAST GREENWICH, RI 02818 USA
DIRECTOR	MARYANN GOBERN MATTHEWS	570 BROAD STREET PROVIDENCE, RI 02907 USA
DIRECTOR	CHRISTINE PAIGE	235 PLAIN STREET, SUITE 204 PROVIDENCE, RI 02905 USA
DIRECTOR	RENU ENGLEHART	2005 DIVISION ROAD EAST GREENWICH, RI 02818 USA
DIRECTOR	ELLA BROWNING PHD	455 TILLINGHAST ROAD EAST GREENWICH, RI 02818 USA
DIRECTOR	DIRK WALLACE	31 NARDOLILLO ROAD JOHNSTON, RI 02919 USA
EX OFFICIO DIRECTOR	MICHAEL WAGNER MD	4 RICHMOND SQUARE PROVIDENCE, RI 02906 USA
TREASURER	THOMAS RICCI	101 DUDLEY STREET PROVIDENCE, RI 02905 USA
DIRECTOR	PRUTHA PATEL	200 EXCHANGE STREET, UNIT 816 PROVIDENCE, RI 02903 USA
DIRECTOR	THOMAS RICCI	101 DUDLEY STREET PROVIDENCE, RI 02905 USA
DIRECTOR	CYRENA GAWUGA	8 POPLAR STREET #2 PROVIDENCE, RI 02906 USA
DIRECTOR	ERIN HOCKENSMITH	197 CINDYANN DRIVE EAST GREENWICH, RI 02818 USA
DIRECTOR	TERI YODER	33 GREAT ROAD EAST GREENWICH, RI 02818 USA
DIRECTOR	CONSTANCE A. HOWES	253 FREEMAN PARKWAY PROVIDENCE, RI 02906 USA
DIRECTOR	ALDEN M. ANDERSON, JR.	104 CONGDON STREET PROVIDENCE, RI 02906 USA
DIRECTOR	THERESE S. STAFFORD	17 SHARRON DRIVE COVENTRY, RI 02816 USA
DIRECTOR	GERALDINE VERRECCHIA	580 OCEAN ROAD NARRAGANSETT, RI 02882 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

ASHLEY TAYLOR 4 RICHMOND SQUARE PROVIDENCE, RI 02906

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

Signed this 30 Day of April, 2024 at 2:47:30 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 THOMAS RICCI

Signature of Authorized Person

Form No. 631 Revised 09/07

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