



State of Rhode Island
Department of State - Business Services Division

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.

JUL 15 2024

12-11

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2024 JUN 12 PM 2:09

1. Entity ID Number 000028572		2. Exact name of the Corporation Miriam Hospital Women's Assn.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Non-Profit Fundraising			
4. NAICS Code 813212					
6. Principal Office Address 164 Summit Ave.			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Judy C. Siegel			Vice-President Name Debra Zuckerman		
Street Address 175 Laurel Ave.			Street Address 290 Grotto Ave.		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Mary Gagnon			Treasurer Name Marianne Litwin		
Street Address 344 Doyle Ave.			Street Address 281 Terrace Ave.		
City Providence	State RI	Zip 02906	City Riverside	State RI	Zip 02915
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Paula Cofone			Director Name Cynthia Schwartz		
Street Address 25 Promenade St., Unit 319			Street Address 4 Elden Court		
City Providence	State RI	Zip 02908	City Lincoln	State RI	Zip 02800
Director Name Karen Trinkle			Director Name Judy Monzack		
Street Address 707 Country Side Lane, Apt. 102			Street Address 115 Varnum Dr.		
City East Providence	State RI	Zip 02915	City East Greenwich	State RI	Zip 02818
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 Judy C. Siegel					Date 5/31/2024
Signature of Officer/Authorized Representative 					

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