



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: June 1 - June 30 • **Filing Fee:** \$20.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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.

1. Corporate ID No. 29871		2. Name of Corporation RHODE ISLAND ASSOCIATION OF OCCUPATIONAL HEALTH NURSES, INC.			
3. State of Incorporation R.I.		4. Corporate address in Rhode Island - Street Address 16 LATHAM FARM RD.		City SMITHFIELD	Zip 02817
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island EDUCATIONAL AND NETWORKING MEETINGS FOR NURSES WORKING IN OCCUPATIONAL HEALTH					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name PATRICIA BOSE			Vice President Name ANNE BROWN		
Street Address 16 LATHAM FARM RD			Street Address P.O. BOX 724		
City SMITHFIELD	State R.I.	Zip 02817	City GLENDALE	State R.I.	Zip 02826
Secretary Name JANINE COTUGNO			Treasurer Name JULIE CALDWELL		
Street Address 39 HARDING AVE, UNIT 4			Street Address 23 PATRICIA ANN DRIVE		
City ATTLEBORO	State MA	Zip 02703	City BRISTOL	State R.I.	Zip 02809
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name EVELYN BAIN			Director Name CHRISTINE FISHER		
Street Address 77 POPPY DRIVE			Street Address 48 SWEET FARM		
City CRANSTON	State R.I.	Zip 02920	City PORTSMOUTH	State R.I.	Zip 02871
Director Name DIANNE WILKIE			Director Name		
Street Address 39 RED GATE RD.			Street Address		
City CUMBERLAND	State R.I.	Zip 02864	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 641 - R.I.G.L. 7-6-13/7-6-78					

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

File Date **JUN 12 2009**

Check No. **By 187**

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Patricia A. Bose 6/9/09
Signature of Officer Date

PATRICIA A. BOSE
Print or Type Name of Officer

PRESIDENT
Title of Officer