

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.

penaity see of \$25.00.					
1. Corporate ID No.	2. Name of Corporation				
30749	YWCA Gre	ater Rhode Island			
3. State of Incorporation	4 Corporate address in Rhode Island - Street Address City Zip			Ζip	
RI	324 Broad	Street		Central Falls	02863
5. Foreign corporation. Enter principal office address			City	State	Ζίψ
6. Brief Description of the char	actor of the affairs whi	ch are actually conducted in R	bode Island		
Non-profit social servic	es agency offerin	g child care, permanent	supportive housing and econ	nomic literacy programs	
7. NAMES AND ADDRE	SSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) 🔲 FILL IN SPA	CES BEFORE USING ATTA	CHMENTS
President Name			Vice President Name		
Johanna S. LeClair			none		
Street Address			Street Address		
4 Misty Oaks Court					
Сиу	State	Ziρ	City	State	Zτp
West Warwick	RI	02893			
Secretary Name			Treasurer Name		
Doris de los Santos			Carrie Zaslow	······································	
Street Address 61 Dewey Street			Street Address 247 Cyprus Street		
City	State	Zip	City	State	Ziφ
Providence	RI	02909	Providence	RI	02906
8. NAMES AND ADDRE	SSES OF THE DI	RECTORS: ("X" BOX FOR	ATTACHMENT) TILL IN SPA	ACES BEFORE USING ATTA	CHMENTS
THE NUMBER OF DIR	ECTORS OF A DO	OMESTIC (RHODE ISLA	ND) CORPORATION SHALL	NOT BE LESS THAN THE	EE (3). R.I.G.L. 7-6-23
Director Name			Director Name		
Carol Folan			Jacquelyn Woodard		
Street Address			Street Address		
25 Elizabeth Avenue			197 Morraine Street		
City	State	Z1p	Citr	State	Ziψ
North Smithfield	RI	0896	Brockton	MA	02310
Director Name Christine Canapari			Director Name Nancy Wilson		
Street Address			Street Address 35 Wisdom Avenue		
37 Lennon Street	State	Zip	City	State	Zip
Providence	RI	02909	Preovidence	RI	02908
9. REGISTERED AGENT	•		, Freovidence	LVI	1 02300
This information is curre	ntly of record in th	ne Office of the Secretary	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-13	3/7-6-78
This report	must be signed by	either the President, Vic	ce President, Secretary, Assista	ant Secretary, Treasurer, Rec	eiver or Trustee

<b>30749</b>	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date 5-27-09 Check No. 3597	Statements contained herein are true and corregt.  Action South Tollan 3/24/0  Figurature of Officer  Johanna Sandstrom - Le Clair
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer  Board President  Title of Officer  Form 631 Rev. 09/17