



**State of Rhode Island and Providence Plantations
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: June 1 - June 30

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: 2012

1. Corporate ID No. 000067489

2. Name of Corporation Women's Health and Education Fund

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 85 HARRISON STREET

City or Town: PROVIDENCE

State: RI Zip: 02909 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

RELIGIOUS, CHARITABLE, SCIENTIFIC TESTING, LITERARY OR EDUCATIONAL PURPOSES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	VANESSA VOLZ	85 HARRISON STREET PROVIDENCE, RI 02909 USA
TREASURER	DAVID M AHLIJANIAN	108 ELMWOOD DR. N. KINGSTOWN, RI 02852 USA
SECRETARY	NICHOLE AGUIAR	98 ELMWOOD AVE. SWANSEA, MA 02777 USA
DIRECTOR	EDITH AJELLO	29 BENEFIT ST PROVIDENCE, RI 02904 USA
DIRECTOR	LAUREN GODDARD	21 WOOD ST. PROVIDENCE, RI 02909 USA
DIRECTOR	KRISTIN JOHNSON	149 ROBINSON ST. WAKEFIELD, RI 02879 USA
DIRECTOR	CAROL WHEELER	3 PASCO CIR. WARWICK, RI 02886 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

DAVID AHLIJANIAN 108 ELMWOOD DRIVE NORTH KINGSTOWN , RI 02852

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

Signed this 4 Day of July, 2012 at 11:20:35 AM. *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 corporation, 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 DAVID M. AHLIJANIAN
Signature of Officer of the Corporation

☐ President or ☐ Vice President or ☐ Secretary or ☐ Assistant Secretary or

☒ Treasurer or ☐ Receiver or ☐ Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07