



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:** 2014

**1. Corporate ID No.** 000138378

**2. Name of Corporation** WomenRIsing Chorus

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 253 HIGHLAND AVE

City or Town: PROVIDENCE

State: RI Zip: 02906 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**

THE UTILIZE THE STRENGTH AND SPIRIT OF MUSIC IN SONGS THAT INSPIRE,  
EDUCATE AND EMPOWER WOMEN AND THE LARGER COMMUNITY

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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	Address
PRESIDENT	First, Middle, Last, Suffix JOANNE FRIDAY	Address, City or Town, State, Zip Code, Country 725 SCHOOL HOUSE RD MATUNUCK, RI 02879 USA
TREASURER	SHERYL JOYCE KOPEL	276 GLENWOOD AVE PAWTUCKET, RI 02860 USA

SECRETARY	MARTHA NEILSEN	81 GROTTA AVE PROVIDENCE, RI 02906 USA
DIRECTOR	TERESA O	124 SALINA ST PROVIDENCE, RI 02908 USA
DIRECTOR	CLAUDIA SUMMER	25 ASTRAL AVENUE PROVIDENCE, RI 02906 USA
DIRECTOR	ANDREA HUDNAK	74 OVERLAND AVE CRANSTON, RI 02910 USA
DIRECTOR	JANICE OKOOMIAN	34 SOUTH STREET BARRINGTON, RI 02806 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**

SHERYL KOPEL 253 HIGHLAND AVENUE PROVIDENCE , RI 02906

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

**Signed this 29 Day of June, 2014 at 11:00:56 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 SHERYL J. KOPEL  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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