

Form No. 631 Revised: 04/2014

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

. Entity ID No.	2. Exact name of the Corporation					
146211	Women's	Women's Fund of Rhode Island				
. State of Incorporation	4. Brief des	cription of the character	of business conducted in Rhode Is	sland n research, adve	ocacy and	
ıl .	strategic change.	4. Brief description of the character of business conducted in Rhode Island Invest in women and girls in our community through research, advocacy and strategic partnerships designed to eliminate gender inequity through systemic change.				
5. Principal office address One Union Station			City Providence	State RI	^{Zip} 02903	
LIGHT ALL OFFICERS (N	AMES AND ADDI	RESSES) ("X" BOX FOF	ATTACHMENT)			
President Name			Vice Breeident Name C 50			
Tina Benik			Arianne Lynch MARCIA WINE			
Street Address 103 Lloyd Avenue			Street Address 139 Albert Avenue 140 Wand Albert			
ty	State	Zip	City	State	Zip	
ty rovidence	RI	02906	Cranston E	RI	00005 D271	
ecretary Name		Treasurer Name				
Secretary Name Kim Ahern			Judith Ventura Enright, CPA			
Street Address			Street Address			
ร Firglade Avenue			2 Beaver Road			
ty	State	Zip	City	State	Zip	
ovidence	BI	02906	Riverside	RI	02915	
("X" BOX FOR ATTACHMENT)			Director Name			
reet Address		Street Address				
ty	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
ty	State	Zip	City	State	Zip	
REGISTERED AGENT IN	BUODE IOI AND			L		
			ry of State. Changes require fills	og Form 641		
	_		retary, Assistant Secretary, Treasu		Representative Receive	
Trustee	, 5.5.6. 5.6 7 70010	o, 1100 r / 00100m, 000		,,		
			Under penalty of perjury	, I declare and affin	m that I have examined	
File Cate		FILED	this report, including an	y accompanying so	chedules and statemen	
Check No		JUL 1 5 2014	Marcia	Cone	07/02/2014	
By:		1349	Signature of Officer or Au	thorized Representat	tive Date	
FOR SECRETARY OF ST	AIE USE TAME		Marcia Coné, CEO			
rm No. 631			Print or Type Name of Off	icer or Authorized Re	epresentative	



engage, invest, act

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