



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 121870		2. Exact name of the Corporation National Coalition Of 100 Black Women -Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Community Service Organization supporting African-American Women			
5. Principal Office Address c/o Sharon Brown 14 Anita Rd			City Johnston	State RI	Zip 02919
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Armeather Gibbs			Vice-President Name vacant		
Street Address 4 Arbor Drive			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Maria Monteiro			Treasurer Name Sharon Brown		
Street Address 218 Home Ave			Street Address 14 Anita Rd		
City Providence	State RI	Zip 02908	City Johnston	State RI	Zip 02919
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Adrienne Newsome			Director Name Denise Barge		
Street Address 97 Warrington St			Street Address 69 Arbor Drive		
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02908
Director Name Joyce O'Connor			Director Name Maria Monteiro		
Street Address 105 Gallup St			Street Address 218 Home Ave		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02908
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Sharon L. Brown/Treasurer				Date 2.10.2017	
Signature of Officer/Authorized Representative <i>Sharon L. Brown / Treasurer</i>					

FILED *su*

FEB 13 2017

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MAIL TO:
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 Website: www.sos.ri.gov