RI SOS Filing Number: 201743899540 Date: 5/30/2017 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017

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	2. Exact name of the Corporation
1667351	**Willows International**
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island
Virginia	**Non-profit agency working in the field of reproductive heath.**
4. NAICS Code	
624190 - Other Individual an	

6. Principal Office Address	City	State	Zip
294 Valley Road, Suite #2	**Middletown**	**RI**	**02842**

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Turkiz Gokgol**			Vice-President Name **None**		
Street Address **54 Brenton Road**			Street Address		
City **Newport**	State **RI**	Zip **02840**	City	State	Zip
Secretary Name **None**			Treasurer Name **None**		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name **Turkiz Gokgol**			Director Name **None**		
Street Address **54 Brenton Road**			Street Address		
City **Newport**	State **RI**	Zip **02840**	City	State	Zip
Director Name **None**			Director Name **None**		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. 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.

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

Name of Officer/Authorized Representative	Date
Turkiz Gokgol	**5/25/17**

Signature of Officer/Authorized Representative

FILED

MAY 30 2017

BY

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631 - Revised: 05/2017