



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

Annual Report for the year: **2018**
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.

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SECRETARY OF STATE
CORPORATIONS DIV
2019 FEB 19 AM 10:12

1. Entity ID Number 000840168		2. Exact name of the Corporation Daughters of Esther			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To mentor and to promote healthy lifestyles, provide resource consultation, organizing youth conferences, donating to those in need, community service and empowering youth and young adults			
4. NAICS Code 813110 - Religious Organiza					
6. Principal Office Address 48 Stephen Hopkins Court			City Providence	State RI	Zip 02904
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lanette Baker			Vice-President Name		
Street Address 48 Stephen Hopkins Court			Street Address		
City Providence	State RI	Zip 02904	City	State	Zip
Secretary Name Lucia Gaye			Treasurer Name Chelsea Lopez		
Street Address 9416 Dalphon Jones Drive			Street Address 48 Stephen Hopkins Court		
City Charlotte	State NC	Zip 28213	City Providence	State RI	Zip 02904
8. 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 Lanette Baker			Director Name Lucia Gaye		
Street Address 48 Stephen Hopkins Court			Street Address 48 Stephens Hopkins Court		
City Providence	State RI	Zip 02904	City Providence	State RI	Zip 02904
Director Name Kolu Baysah			Director Name		
Street Address 48 Stephen Hopkins Court			Street Address		
City Providence	State RI	Zip 02904	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.					
<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 Lanette Baker				Date 02/17/18	
Signature of Officer/Authorized Representative <i>Lanette Baker</i>					

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

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BY *GH1V5*