RI SOS Filing Number: 201901044230 Date: 7/2/2019 11:49:00 AM



State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year:	2019
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.

?	
	<b>.</b>
	•
	へがみたいだら
	RÉCEIXED
	ニュー・ハン・ペー クマステロ
37 C	RETARY OF STATE
- i •	N=171111.2. 2. 2. 2. 2
0.0	RPORATIONS DIV
- 7.0	RECKAIIONS OF

2019 JUL -2 AM 11: 46

1. Entity ID Number 000816529	2. Exact name of the Corporation Solar Sister Global, Inc.						
3 State of Incorporation	5 Brief description of the character of business conducted in Rhode Island						
Rhode Island	Headquarters of international nonprofit organization working to transform lives and						
4. NAICS Code	empower women and girls in Africa by providing light and energy using the power of						
813319 - Other Social Adv	the sun.						
6. Principal Office Address			City	State	Zip		
94 Interpromontory Rd.			Great Falls	VA	22066		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
President Name Katherine Lucey			Vice-President Name				
Street Address 94 Interpromontory Rd			Street Address				
City Great Falls	State VA	Zip 22066	City	State	Zip		
Secretary Name Linda Rich			Treasurer Name				
Street Address 7530 Coddle Harbor Lane			Street Address				
City Potomac	State MD	<sup>Zip</sup> 20854	City	State	Zip		
8. List ALL directors (names and ac	ldresses). RI Cor	porations <b>MUST</b> li	st at least THREE directors.	Check the box to indic	ate an attachment		
Director Name Therese Jordan			Director Name Noa Gimelli				
Street Address 8 Lincoln Ave			Street Address 715 Bullock Place				
<sup>City</sup> Clifton Park	State NY	<sup>Zip</sup> 12065	City Lexington	State KY	<sup>Zip</sup> 40508		
Director Name Neha Misra			Director Name Linda Rich				
Street Address #305 7981 Eastern Ave			Street Address 7530 Coddle Harbor Lane				
City Silver Spring	State MD	<sup>Zip</sup> 20910	City Potomac	State MD	<sup>Z<sub>IP</sub></sup> 20854		
9. Registered Agent in Rhode Islan	d. This information	is currently of record	I in the Department of State, Chan	ges require filing Form 64	11.		
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  Katherine Lucey				Date 6/28/2019			
Signature of Officer/Authorized Representative  SIGN DOCUMENT HERE							

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.n.gov

FORM 631 - Revised: 06/2019