

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2017	
Non-Profit Corporation		-

RECEIVED SECRETARY OF STATE CURPORATIONS DIV

2019 JUL -2 AM 11: 46

→ 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						
000816529	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 the sun.						
813319 - Other Social Adv							
6. Principal Office Address		City	State	Zip			
94 Interpromontory Rd.		Great Falls	VA	22066			
7. List ALL officers (names and a	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	^{Zip} 20854	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 Therese Jordan			Director Name Noa Gimelli				
Street Address 8 Lincoln Ave		Street Address 715 Bullock Place					
City Clifton Park	State NY	^{Zip} 12065	City Lexington	State KY	^{Zip} 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	^{Zip} 20910	City Potomac	State MD	^{Zip} 20854		
9. Registered Agent in Rhode Is	land. This informatio	on is currently of reco	rd in the Department of State Char	nges require filing Form 64	1.		
Under penalty of perjury, I dec statements, and that all stater				nccompanying schedu	iles and		
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				
Katherine Lucey 6/28/2019							
Signature of Officer/Authorized Representative SIGN DOCUMENT HERLED							

MAIL TO:

Division of Business Services

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

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