



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.

RECEIVED
SECRETARY OF STATE,
CORPORATIONS DIV

2019 JUL -2 AM 11:46

1. Entity ID Number 000816533		2. Exact name of the Corporation Solar Sister Nigeria, Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Headquarters of international nonprofit organization working to transform lives and empower women and girls in Africa by providing light and energy using the power of the sun.			
4. NAICS Code 813319 - Other Social Adv					
6. Principal Office Address 94 Interpromontory Rd.			City Great Falls	State VA	Zip 22066
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 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 Katherine Lucey				Date 6/28/2019	
Signature of Officer/Authorized Representative <i>Katherine Lucey</i>				SIGN DOCUMENT HERE FILED	

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

JUL 02 2019

BY *K KTXB*

11:47

FORM 631 - Revised: 06/2019