



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

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 SECRETARY OF STATE
 CORPORATIONS DIV

Annual Report for the year:
 Non-Profit Corporation

2019 Amended 2019 DEC 20 PM 4:27

- 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 001671798		2. Exact name of the Corporation African Heritage Women in Education and Empowerment (AHWEE)	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island It empowers women and families in all areas by creating a network that promote equal-access and opportunity to educational, social and economic advancement of women and families. It focuses on humanitarian services by using its platform to do meaningful work through voluntarism.	
4. NAICS Code 813219			
6. Principal Office Address 60 Thurber Blvd City Smithfield State RI Zip 02917			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Etop Okokon		Vice-President Name Marcia Smart	
Street Address 60 Thurber Blvd		Street Address 367 Oak Grove Avenue	
City Smithfield	State RI	City Fall River	State MA
Zip 02917		Zip 02723	
Secretary Name		Treasurer Name Horo Okokon	
Street Address		Street Address 45 Malvern St	
City	State	City Prov	State RI
Zip		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 Etop Okokon		Director Name Marcia Smart	
Street Address 60 Thurber Blvd		Street Address 367 Oak Grove Avenue	
City Smithfield	State RI	City Fall River	State MA
Zip 02917		Zip 02727	
Director Name Horo Okokon		Director Name	
Street Address 45 Malvern Street		Street Address	
City Prov	State RI	City	State
Zip 02904		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			Date
			FILED
Signature of Officer/Authorized Representative Etop Okokon			DEC 20 2019

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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State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

December 20, 2019 04:27 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

