



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

FILED

JUL 21 2020

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Annual Report for the year:
 Non-Profit Corporation

2020

- 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 1338482		2. Exact name of the Corporation R.I. Coalition of Labor Union Women			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To unify all union women and related activities.			
4 NAICS Code 813930					
6. Principal Office Address 194 Smith ST.		City Providence	State RI	Zip 02908	
7 List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Desiree Leclair		Vice-President Name Liz Murtha			
Street Address 120 Dudley ST. STE. LLOY		Street Address 97 Summit ST.			
City Providence	State RI	Zip 02905	City Pawtucket	State RI	Zip 02860
Secretary Name Erica Hammond		Treasurer Name Cheryl Masciarelli			
Street Address 1540 Pontiac Ave. Suite A		Street Address 194 Smith ST.			
City Cranston	State RI	Zip 02920	City Providence	State RI	Zip 02908
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 Desiree Leclair		Director Name Liz Murtha			
Street Address 120 Dudley ST. STE LLOY		Street Address 97 Summit ST.			
City Providence	State RI	Zip 02905	City Pawtucket	State RI	Zip 02860
Director Name Erica Hammond		Director Name Cheryl Masciarelli			
Street Address 1540 Pontiac Ave. Suite A		Street Address 194 Smith ST.			
City Cranston	State RI	Zip 02920	City Providence	State RI	Zip 02908
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 Desiree Leclair				Date 7-9-2020	
Signature of Officer/Authorized Representative <i>[Signature]</i>					

MAIL TO:
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 Website: www.sos.ri.gov