



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 001705447

2. Name of Corporation SIREN Women's Cooperative

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

4. Principal Office Address

No. and Street: 400 GLEN ROAD
City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:
City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

THE CORPORATION IS ORGANIZED TO (A) BUILD KNOWLEDGE, CONNECTION, AND INSPIRATION FOR WOMEN AND THEIR WORK, (B) PROVIDE ADVANCEMENT OPPORTUNITIES AND PROFESSIONAL DEVELOPMENT FOR WOMEN WHO ARE ENGAGED IN, ENTERING, OR PURSUING THE WORKFORCE THROUGH A SERIES OF ACTIVITIES AND PROGRAMMING,

INCLUDING WITHOUT LIMITATION MONTHLY PROFESSIONAL DEVELOPMENT AND EDUCATIONAL TALKS ON WORK-RELATED TOPICS, NUMEROUS RELATIONSHIP-BASED NETWORKING EVENTS, AND A READY TO WORK EXCHANGE WHERE UNDERSERVED WOMEN ARE ASSISTED WITH DEVELOPING JOB INTERVIEW SKILLS, (C) DO ANY AND ALL LAWFUL THINGS NECESSARY, SUITABLE OR PROPER FOR THE ATTAINMENT OF THE FOREGOING PURPOSES, (D) SUBJECT TO THE LIMITATIONS HEREINAFTER CONTAINED, ENGAGE IN ANY LAWFUL ACT OR ACTIVITY FOR WHICH CORPORATIONS MAY BE ORGANIZED UNDER CHAPTER 7-6 OF THE GENERAL LAWS OF RHODE ISLAND, 1956, AS AMENDED, OR THE CORRESPONDING PROVISIONS OF ANY FUTURE STATUTE ENACTED IN SUBSTITUTION THEREOF, AND (E) OPERATE EXCLUSIVELY FOR SUCH PURPOSES AS WILL QUALIFY THE CORPORATION AS AN EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986, AS AMENDED, OR THE CORRESPONDING PROVISION OF ANY FUTURE UNITED STATES INTERNAL REVENUE LAW, AND NOTWITHSTANDING ANY OTHER PROVISION OF THESE ARTICLES, THE CORPORATION SHALL NOT CARRY ON ANY OTHER ACTIVITIES NOT PERMITTED TO BE CARRIED ON BY A CORPORATION EXEMPT FROM FEDERAL INCOME TAX THEREUNDER.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	SARAH B. NADIMPALLI	400 GLEN ROAD PORTSMOUTH, RI 02871 USA
DIRECTOR	SUZANNE RAMPONI	400 GLEN ROAD PORTSMOUTH, RI 02871 USA
DIRECTOR	NICHOLE LEWIS	400 GLEN ROAD PORTSMOUTH, RI 02871 USA
DIRECTOR	KATY ANNULLI	400 GLEN ROAD PORTSMOUTH, RI 02871 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SARAH B. NADIMPALLI 400 GLEN ROAD PORTSMOUTH , RI 02871

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 7 Day of June, 2021 at 10:57:36 AM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By SARAH B. NADIMPALLI
Signature of Authorized Person

Form No. 631
Revised 09/07

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