RI SOS Filing Number: 202199475340 Date: 7/22/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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.

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BUS SVCS DIV

2021 JUL 22 P 1:29

1. Entity ID Number	2. Exact name of the Corporation
810089	Women of Substance Association
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: TO Develop Self esteem among women in Our Community and to reach out to the less fortunate in our community.
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
120 Metcalf St	Prov	RI	02904

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Thumbelina Biah	Ruth Urey
Street Address: 120 Metcalf St	Street Address: 37 Glenham St
City: Prov State: RI Zip: 02904	City: Prov State: RI Zip: 02907
Secretary Name: Comfort Yengbeh	**Treasurer Name:** Bea Dorley
Street Address: 44 Venice St	Street Address: 14 Lee Ave.
City: Prov State: RI Zip: 02908	City: North Providence State: RI Zip: 02904

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Nyemady Bugkai	Emily Parker Ben
Street Address: 501 Prairie AVE	Street Address: 129 Sherwood St
City: Prov State: RI Zip: 02903	City: Prov State: RI Zip: 02904
Director Name: Henrietta Jett	**Director Name:** Tracy Tahyor
Street Address: 27 Mawney St	Street Address: 125 Borden AVE
City: Prov State: RI Zip: 02907	City: Johnson + State: RI Zip: 02919

9. The Registered Agent information of record with the RI Department of State is accurate. 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.

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
Thumbelina Biah	7-22-21

Signature of Officer/Authorized Representative: Thumbelina Biah

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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 22 2021
BY

FORM 631 - Revised: 08/2020

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