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.

STAMP

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R.I. DEPT. OF STATE
BUS SVCS DIV
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1. Entity ID Number	2. Exact name of the Corporation
001685530	R.I.S.E. WOMEN'S LEADERSHIP CONFERENCE
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: TO CONNECT WOMEN FOR THE PURPOSE OF WORKING TOWARD THE ELIMINATION ON GENDER, PAY AND SOCIOECONOMIC GAPS.
4. NAICS Code: 813311 - Human Rights Orgar	

6. Principal Office Address	City	State	Zip
64 ATLANTIC AVE	PROVIDENCE	RI	02907

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

President Name: SINBIAT HASSAN			Vice-President Name:		
Street Address: 1001 IRVING ROAD			Street Address:		
City: RANDOLPH	State: MA	Zip: 02368	City:	State:	Zip:
Secretary Name: KATIE E THORNELL			Treasurer Name:		
Street Address: 4 GREENLEAFT DR			Street Address:		
City: BEVERLY	State: MA	Zip: 01915	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 ☐

Director Name: SINBIAT HASSAN			Director Name: KATIE E THORNELL		
Street Address: 1001 IRVING ROAD			Street Address: 4 GREENLEAFT DR		
City: RANDOLPH	State: MA	Zip: 02368	City: BEVERLY	State: MA	Zip: 01915
Director Name: FELISMINA ANDRADE			Director Name:		
Street Address: 110 MULBERRY COURT			Street Address:		
City: EDGEWATER	State: MD	Zip: 21037	City:	State:	Zip:

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
Hilina Avatare	8-2-21

Signature of Officer/Authorized Representative

FILED
AUG 02 2021
BY
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MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov