



State of Rhode Island

Department of State - Business Services Division

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 BUS SVCS DIV

2021 OCT 19 AM 10:44

Annual Report for the year: **2021****Benefit Profit Corporation**

- Filing period: within 120 days following the end of the fiscal year  
 → Filing Fee: \$60.00  
 → Penalty: Additional \$25.00 fee if form is not filed within 150 days of the fiscal year end.

1. Entity ID Number <b>001697376</b>		2. Exact name of the Corporation <b>Micro Enterprise Social Entrepreneurship Corporation</b>			
3. Principal Office Address <b>166 VALLEY STREET BLDG 6M SUITE 103</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>
4. NAICS Code <b>813319</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Other Social Advocacy Organizations</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>EZENWAYI AMAECHI</b>			Vice-President Name		
Street Address <b>166 VALLEY STREET BLDG 6M SUITE 103</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Ezenwayi Amaechi</b>			Director Name		
Street Address <b>166 VALLEY STREET BLDG 6M SUITE 103</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02909</b>	City	State	Zip
9. Shares Authorized  This information is currently of record in the Department of State. Changes require an additional filing.  Check if stock is publicly traded. <input type="checkbox"/>			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>0</b>		

**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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11. The following provisions require a narrative description:

a. The ways in which the benefit corporation pursued general public benefit during the year and the extent to which general public benefit was created:

Provided training, mentorship, and coaching to women and youth.

b. The ways in which the benefit corporation pursued a specific public benefit that the Articles of Incorporation state is the purpose of the benefit corporation and the extent to which that specific public benefit was created:

Provided training, mentorship, and coaching to women and youth.

c. Any circumstances that have hindered the creation by the benefit corporation of general public benefit or specific public benefit:

NONE

d. The process and rationale for selecting or changing the third-party standard used to prepare the benefit report:

NONE

e. Provide an assessment of the overall social and environmental performance of the benefit corporation against a third-party standard, either applied consistently with any application of that standard in prior benefit reports or accompanied by an explanation of the reasons for any inconsistent application or the change to that standard from the one used in the immediately prior report:

NONE

f. Name and address of the Benefit Director: *(Required if stock is publicly traded.)*

Stock is not publicly traded

g. Name and address of the Benefit Officer: *(If not applicable, state "NONE.")*

NONE

h. The statement of the benefit director described in subsection 7-5.3-8(c):

NONE

i. A statement of any connection between the organization that established the third-party standard, or its directors, officers or any holder of 5% or more of the governance interests in the organization and the benefit corporation or its directors, officers or any holder of 5% or more of the outstanding shares of the benefit corporation. The statement should include any financial or governance relationship which might materially affect the credibility of the use of the third-party standard:

NONE

j. If the benefit corporation has dispensed with, or restricted the discretion or powers of the board of directors, indicate the persons that exercise the powers, duties, and rights and who has the immunities of the board of directors. Name(s) and address of the person(s) that exercise the powers, duties and rights of a benefit director:

NONE

k. If during the year covered by this benefit report, a benefit director resigned from or refused to stand for reelection to the position of benefit director, or was removed from the position, and the benefit director furnished the benefit corporation with any written correspondence concerning the circumstances surrounding the resignation, refusal, or removal, the benefit report shall include that correspondence as an exhibit.

12. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

***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.***

Name of Authorized Representative

Ezenwayi Amaechi

Date

10/16/2021

Signature of Authorized Representative

