



**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: February 1 - May 1

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: 2023

1. Corporate ID No. 001704205

2. Name of Corporation The Womxn Project Education Fund

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

624190

4. Principal Office Address

No. and Street: PO BOX 104

City or Town: FOSTER State: RI Zip: 02825 Country: USA

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

TO PROVIDE INSTRUCTION AND SHARE RESOURCES ON HUMAN AND REPRODUCTIVE RIGHTS TOPICS

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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JOCELYN FOYE	100 ALLEN STREET WAKEFIELD, RI 02879 USA
TREASURER	DARIA-LYRIC MONTAQUILA	20 LENA ST #10 NORTH PROVIDENCE, RI 02904 USA
SECRETARY	SUSAN CHAKMAKIAN	38 SUSAN DRIVE CRANSTON, RI 02920 USA
VICE PRESIDENT	TAMMY BROWN	246 ARMINGTON ST #6 CRANSTON, RI 02905 USA
DIRECTOR	CRISTINA MARIA DICHIERA	41 PAINE RD FOSTER, RI 02825 USA
DIRECTOR	JOCELYN FOYE	100 ALLEN ST WAKEFIELD, RI 02879 USA
DIRECTOR	TAMMY BROWN	246 ARMINGTON ST #6 CRANSTON, RI 02905 USA
DIRECTOR	ALANA ROBLES CONLIN	44 WILLIAMS ST LINCOLN, RI 02865 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**

NORTHWEST REGISTERED AGENT, LLC 47 WOOD AVENUE, SUITE 2 BARRINGTON , RI 02806

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

Signed this 10 Day of April, 2023 at 11:53:56 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 CRISTINA DICHIERA
Signature of Authorized Person

Form No. 631
Revised 09/07

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