



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2023

Non-Profit Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$20.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2023 JUN -2 P 12:00

1. Entity ID Number 000903525		2. Exact name of the Corporation CARING SISTERS ASSOCIATION			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island  PROVIDE SAFETY AND SHELTER EMOTIONAL, FINANCIAL AND INCREASE THERE SOCIAL ENHANCEMENT.			
4. NAICS Code 813990					
6. Principal Office Address 41 OBSERVATORY AVE			City NORTH PROVIDENCE	State RI	Zip 02911
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name SHELIA BARNES- SWENGBE			Vice-President Name KADIATU ABBAN		
Street Address 1377 CHALKSTONE AVE			Street Address 16 GROSVENOR AVE		
City PROVIDENCE	State RI	Zip 02909	City PAWTUCKET	State RI	Zip 02860
Secretary Name EUPHEMIA MAKOR			Treasurer Name JANET DOE		
Street Address 41 OBSERVATORY AVE			Street Address 39 WHITTIER ROAD		
City NORTH PROVIDENC	State RI	Zip 02911	City PAWTUCKET	State RI	Zip 02861
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name SHELIA BARNES SWENGBE			Director Name JULIA MAKOR		
Street Address 1377 CHALKSTON AVE			Street Address 81 MANTON STREET		
City PROVIDENCE	State RI	Zip 02909	City PAWTUCKET	State RI	Zip 02861
Director Name FLORENCE JALLAH			Director Name		
Street Address 1 MANILA STREET			Street Address		
City PROVIDENCE	State RI	Zip 02904	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>EUPHEMIA MAKOR</b>				Date 6/2/23	
Signature of Officer/Authorized Representative				FILED	

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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