



State of Rhode Island
Department of State - Business Services Division

FILED

FEB 08 2024

BY 2718
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Annual Report for the year: 2024

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.

1. Entity ID Number 26776		2. Exact name of the Corporation The League of Women Voters of Rhode Island			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To promote informed and active participation of citizens in government.			
4. NAICS Code 813319					
6. Principal Office Address One Richmond Square, Suite 220 A-W			City Providence	State RI 02906	Zip
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nina Rossomando			Vice-President Name Sandy Johnson		
Street Address 12 West Fairway Ave			Street Address 36 High Street		
City Westerly	State RI	Zip 02891	City Jamestown	State RI	Zip 02835
Secretary Name Trish Sylvester			Treasurer Name Rosemary Forbes-Woodside		
Street Address 11 Seabreeze Lane			Street Address 23 Skysail Court		
City Bristol	State RI	Zip 02809	City Jamestown	State RI	Zip 02835
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Lois Waller			Director Name Christine Martone		
Street Address 94 University Avenue			Street Address 10 Terrace Avenue		
City Providence	State RI	Zip 02906	City Westerly	State RI	Zip 02891
Director Name Christine Stenning			Director Name Liz Head		
Street Address 97 Narragansett Avenue			Street Address 603 Angell Street		
City Newport	State RI	Zip 02804	City Providence	State RI	Zip 02906
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<i>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.</i>					
<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 Rosemary Forbes-Woodside				Date 2/5/2024	
Signature of Officer/Authorized Representative <i>Rosemary Forbes-Woodside</i>					

MAIL TO:
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