**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 - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 001717510

**2. Name of Corporation** Empower Now Project

**3. State of Incorporation**

State: RI

**NAICS CODE**

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
813319

**4. Principal Office Address**

No. and Street: 555 OAK HILL ROAD
City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

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

OUR MISSION IS TO NURTURE AND EDUCATE A SUPPORTIVE, ENGAGED COMMUNITY TO IDENTIFY AND EMPOWER THOSE AFFECTED BY ABUSE. EMPOWER NOW PROJECT WILL OUTREACH TO PROVIDE TRAININGS AND WEBINARS FOR COMMUNITY PARTNERS TO SPREAD AWARENESS OF DOMESTIC VIOLENCE AND HUMAN TRAFFICKING. EDUCATING THEM TO IDENTIFY, SUPPORT, AND PROVIDE INFORMATION TO THOSE EXPERIENCING ABUSE. OUR FOCUS WILL BE WITH COMMUNITY STAKEHOLDERS, MEDICAL PROFESSIONALS, EDUCATORS, AND NON-PROFITS. ENP WILL PROVIDE GROUP SESSIONS AND

INFORMATION TO THE FAMILY AND FRIENDS OF THOSE EXPERIENCING INTERPERSONAL VIOLENCE, HELPING THEM TO SUPPORT THEIR LOVED ONES.

**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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|
| TREASURER | JOYCE LYNN HONEYCUTT | 555, OAK HILL ROAD<br>NORTH KINGSTOWN, RI 02852 USA |
| VICE PRESIDENT | KIRSTEN MAAR | 85 JENNIFER DRIVE<br>PEACEDALE, RI 02879 USA |
| PRESIDENT | CAITLYN HONEYCUTT | 90 HIGHLAND AVENUE<br>WAKEFIELD, RI 02879 USA |
| DIRECTOR | JOYCE LYNN HONEYCUTT | 555 OAK HILL ROAD<br>NORTH KINGSTOWN, RI 02852 USA |
| DIRECTOR | CRAIG ROBERT HONEYCUTT | 555 OAK HILL ROAD<br>NORTH KINGSTOWN, RI 02852 USA |
| DIRECTOR | SHELLEY HONEYCUTT | 219H TICKLE ROAD<br>WESTPORT, MA 02790 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**

JOYCE L. HONEYCUTT 555 OAK HILL ROAD NORTH KINGSTOWN , RI 02852

**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 February, 2024 at 3:37:06 PM 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 JOYCE L. HONEYCUTT
Signature of Authorized Person

Form No. 631
Revised 09/07