State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Fee: $20.00

Foreign Non-Profit 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. 001756047

2. Name of Corporation Moms for Liberty Inc.

3. State of Incorporation

State: FL

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: 981 E EAU GALLIE BOULEVARD, SUITE E #13123
City or Town: MELBOURNE State: FL Zip: 32937 Country: USA

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

EMPOWER MEMBER THROUGH EDUCATION, SUPPORT OUTREACH

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

PRESIDENT, CEO, DIRECTOR	TINA DESCOVICH	981 E EAU GALLIE BLVD STE E #13123 MELBOURNE, FL 32937 USA
SECRETARY, DIRECTOR	TIFFANY JUSTICE	981 E EAU GALLIE BLVD STE E #13123 MELBOURNE, FL 32937 USA
EXECUTIVE BOARD MEMBER	MARIE ROGERSON	981 E EAU GALLIE BLVD STE E #13123 MELBOURNE, FL 32937 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

COGENCY GLOBAL INC. 222 JEFFERSON BOULEVARD WARWICK , RI 02888

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

Signed this 19 Day of April, 2024 at 6:56:29 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 TINA DESCOVICH
Signature of Authorized Person

Form No. 631
Revised 09/07