



**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. 001761056

2. Name of Corporation VOICES UNCHAINED, INC.

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: 10 DORRANCE ST UNIT 700

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

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

TO SUPPORT TEEN MOMS AND CHILDHOOD TRAUMA SURVIVORS TO EMPOWER
THEM TO HEAL
AND GROW

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 First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	MAGDA DELGADO	421 GRAND AVE PAWTUCKET, RI 02861 USA
DIRECTOR	MAGDA DELGADO	421 GRAND AVE PAWTUCKET, RI 02861 USA
DIRECTOR	SYNDY BUCHANAN	3556 ASHBY POND LANE DULUTH, GA 30097 USA
DIRECTOR	EVADALI ROCHA	9 WASHINGTON STREET CENTRAL FALLS, RI 02863 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

MAGDA DELGDO 10 DORRANCE STREET SUITE 700 PROVIDENCE , RI 02903

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

Signed this 30 Day of April, 2024 at 11:52:35 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 MAGDA DELGADO
Signature of Authorized Person

Form No. 631
Revised 09/07

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