RECD RIDOS BSD '24 JUN 5 PM3:30:29

State of Rhode Island
Department of State - Business Services Division

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: 001671798	2. Exact name of the Corporation: African Heritage Women in Education and Empowerment (AHWEE)
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: It empowers women and families by giving them access to health, educational, social and economic opportunities. It focuses on humanitarian services by using its platform to do meaningful work through volunteerism.
4. NAICS Code: 813219	

6. Principal Office Address: 60 Thurber Blvd | City: Smithfield | State: RI | Zip: 02917

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Etop OKOKON	Vice-President Name: Itoro OKOKON
Street Address: 60 Thurber Blvd	Street Address: 45 Malvern Street
City: Smithfield State: RI Zip: 02917	City: Providence State: RI Zip: 02904
Secretary Name: Unwana OKOKON	Treasurer Name: Imaobong Inyang
Street Address: 60 Thurber Blvd	Street Address: 45 Malvern Street
City: Smithfield State: RI Zip: 02917	City: Providence State: RI Zip: 02904

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. — Check the box to indicate an attachment ☐

Director Name: Etop OKOKON	Director Name: Imaobong Inyang
Street Address: 60 Thurber Blvd	Street Address: 45 Malvern Street
City: Smithfield State: RI Zip: 02917	City: Providence State: RI Zip: 02904
Director Name: Unwana OKOKON	Director Name: Itoro OKOKON
Street Address: 60 Thurber Blvd	Street Address: 45 Malvern Street
City: Smithfield State: RI Zip: 02917	City: Providence State: RI Zip: 02904

9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.

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.

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

FILED

Name of Officer/Authorized Representative: Etop OKOKON — Date: 6/5/2024

Signature of Officer/Authorized Representative: Etop Okokon — JUN 05 2024 BY RGGJ

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 631- Revised: 04/2023