



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

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

**Limited Liability Company  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

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

1. ID No. 001760917

2. Exact Name of the Limited Liability Company E2 EmpowerED, LLC

3. State of Formation

State: TX

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

611430

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

E2 EMPOWERED PROVIDES COMMUNITY AND PROFESSIONAL DEVELOPMENT SERVICES INCLUDING BUT NOT LIMITED TO COACHING, LEADERSHIP DEVELOPMENT, DESIGN CONSULTATION, AND FACILITATION OF STRATEGIC PLANNING MEETINGS, WORKSHOPS, MODERATION, SPEAKING ENGAGEMENTS, SEMINARS, AND CONFERENCES. WE DEVELOP AND SHARE INNOVATIVE AND EQUITY-CENTERED REDESIGN STRATEGIES TO ELIMINATE OPPORTUNITY GAPS FOR HISTORICALLY MARGINALIZED PEOPLE. OUR WORK AIMS TO EMPOWER PROVIDERS WHO WORK IN HISTORICALLY UNDERSERVED COMMUNITIES THROUGH AN EQUITY-CENTRIC MODEL BY EQUIPPING CLIENTS WITH THE KNOWLEDGE AND SKILLS TO WORK WITH AND REDESIGN FOR INSTITUTIONAL EQUITY CENTERING RACIALLY,

CULTURALLY, AND LINGUISTICALLY DIVERSE POPULATIONS. THROUGH E2 EMPOWERED'S COMMUNITY AND SOCIAL DEVELOPMENT SERVICES, WE PROVIDE SERVICES THAT SERVE AS A CATALYST FOR COMMUNITY AND INSTITUTIONAL CHANGE MANAGEMENT AND PROMOTE CRITICAL CONSCIOUSNESS CENTERING EQUITY TO CULTIVATE AND FACILITATE LONG-TERM SYSTEMIC ACHIEVEMENT AND SUCCESS WITH PROPER ENGAGEMENT OF COMMUNITY STAKEHOLDERS. E2 EMPOWERED'S SERVICES ARE DIFFERENTIATED FOR NOVICE TO EXPERIENCED PROFESSIONALS AND SERVE AS A CATALYST FOR CHANGE THAT CULTIVATES AND FACILITATES LONG-TERM SYSTEMATIC ACHIEVEMENT AND SUCCESS THROUGH ENGAGEMENTS THAT CENTER ON EQUITY-CENTRIC PRACTICES.

**5. Principal Office Address**

No. and Street: 555 N MAIN STREET  
#1395  
City or Town: PROVIDENCE State: RI Zip: 02904 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: MARIAMA KURBALLY Contact Title: FOUNDER/ EXECUTIVE EQUITY OFFICER  
No. and Street: 3839 MCKINNEY AVE SUITE 155 PMB 2764  
City or Town: DALLAS State: TX Zip: 75204 Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MARIAMA KURBALLY 555 N MAIN STREET #1395 PROVIDENCE , RI 02904

**8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 25 Day of June, 2024 at 2:38:55 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 § 7-16.*

By MARIAMA KURBALLY  
Signature of Authorized Person

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