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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: 2021

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 000103523	2 Exact name of the Corporation Women's Housing and Economic Development Corporation				
3 State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island Promotion of economic development activities and programs that will benefit low and moderate income persons. Title: 7-6				
4 NAICS Code 531390					
6 Principal Office Address 861A Broad Street		City Providence	State RI	Zip 02907	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Frank T. Shea		Vice-President Name Vicky Walters			
Street Address 861A Broad Street		Street Address 861A Broad Street			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Secretary Name Kristin DeKuiper		Treasurer Name Kristin DeKuiper			
Street Address 861A Broad Street		Street Address 861A Broad Street			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Maghnee Gomes		Director Name Peter Lau			
Street Address 861A Broad Street		Street Address 861A Broad Street			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
Director Name Michelle Brophy		Director Name Larry Kellam			
Street Address 861A Broad Street		Street Address 861A Broad Street			
City Providence	State RI	Zip 02907	City Providence	State RI	Zip 02907
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.					
<i>This report must be signed by either the President, Vice-President, Secretary Assistant Secretary Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Frank T. Shea, President			Date 7/9/2024		
Signature of Officer/Authorized Representative <i>Frank T Shea</i>					

FILED

JUL 12 2024
BY 4926
AA. 2:40PM.

MAIL TO: 1403FBA3F-A44494
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