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

Annual Report for the year: 2023
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 <u>810059</u>		2. Exact name of the Corporation <u>Women of Substance Association</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To develop self-esteem among women in our community and to reach out to the less fortunate in our community.</u>			
4. NAICS Code <u>813319</u>					
6. Principal Office Address <u>120 Metcalf Street</u>			City	State	Zip
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Thumbelina Biah</u>			Vice-President Name <u>Ruth Wrey</u>		
Street Address <u>120 Metcalf St</u>			Street Address <u>37 Glenham St</u>		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>PROV</u>	State <u>RI</u>	Zip <u>02902</u>
Secretary Name <u>Comfort Yengbeh</u>			Treasurer Name <u>Bea Dorley</u>		
Street Address <u>44 Venice Street</u>			Street Address <u>14 Lee Ave</u>		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02904</u>	City <u>North PROV</u>	State <u>RI</u>	Zip <u>02900</u>
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 <u>Nyemady Boukai</u>			Director Name <u>Emily Parker Ben</u>		
Street Address <u>301 Prairie Ave</u>			Street Address <u>129 Sherwood St</u>		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02903</u>	City <u>PROV</u>	State <u>RI</u>	Zip <u>02904</u>
Director Name <u>Henrietta Jett</u>			Director Name <u>Tracy Taylor</u>		
Street Address <u>27 Mawney St</u>			Street Address <u>125 Borden Ave</u>		
City <u>PROV</u>	State <u>RI</u>	Zip <u>02907</u>	City <u>Johnston</u>	State <u>RI</u>	Zip <u>02119</u>
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.					
Name of Officer/Authorized Representative <u>Thumbelina Biah</u>					Date <u>8-26-24</u>
Signature of Officer/Authorized Representative <u>Thumbelina Biah</u>					

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

FILED
FORM 631 - Revised: 04/2023
AUG 26 2024
BY ZVPSY
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