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21 AUG 30 PM 10:46:11State of Rhode Island  
Department of State - Business Services DivisionAnnual 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 <u>060542050</u>		2. Exact name of the Corporation <u>United Women 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>513219</u>			
6. Principal Office Address <u>46 Gray Street</u>		City <u>Providence</u>	State <u>RI</u> Zip <u>02909</u>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <u>Emma Stewart</u>		Vice-President Name <u>Gertrude WOTO</u>	
Street Address <u>46 Gray Street</u>		Street Address <u>316 California Ave</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02905</u>
Secretary Name <u>Mrs. Perry - Kparan</u>		Treasurer Name <u>Beatrice Dorley</u>	
Street Address <u>143 Hope Street</u>		Street Address <u>14 Lee Ave</u>	
City <u>Woodsocket</u>	State <u>RI</u>	City <u>North Providence</u>	State <u>RI</u> Zip <u>02904</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>Watta Soe</u>		Director Name <u>Florence Malloy</u>	
Street Address <u>71 Howard Ave</u>		Street Address <u>83 Whitmarsh Street</u>	
City <u>Pawtucket</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02907</u>
Director Name <u>Gitty Stroke</u>		Director Name <u>Hawa Miamen</u>	
Street Address <u>94 Gallup Street</u>		Street Address <u>125 Bowen Street</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Providence</u>	State <u>RI</u> Zip <u>02909</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>Emma Street</u>			Date <u>8/30/24</u>
Signature of Officer/Authorized Representative <u>B. Onlus</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 01/2023

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