



State of Rhode Island  
Department of State - Business Services Division

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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 000067489		2. Exact name of the Corporation Women's Health and Education Fund			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Religious, charitable, scientific testing, literary or educational purposes			
4. NAICS Code 813212					
6. Principal Office Address PO Box 5863			City Providence	State RI	Zip 02910
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Danna Freedman-Shara			Vice-President Name		
Street Address 44 Burnside Ave			Street Address		
City Riverdale	State RI	Zip 02915	City	State	Zip
Secretary Name Stephanie Gorton			Treasurer Name Jamie McInture		
Street Address 24 Sheldon St			Street Address 6 Scarborough Road		
City Providence	State RI	Zip 02903	City Pawtucket	State RI	Zip 02861
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 checked="" type="checkbox"/></span>					
Director Name Edie Ajello			Director Name Genie Bailey		
Street Address 29 Benefit Street			Street Address 82 Laurel Avenue		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name Tiara Mack			Director Name Danna Freedman-Shara		
Street Address 179 Camp Street Apt 3			Street Address 44 Burnside Avenue		
City Providence	State RI	Zip 02906	City Riverside	State RI	Zip 02915
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Danna Freedman-Shara</b>				Date 08/26/24	
Signature of Officer/Authorized Representative 				BY T8RJS SEP 06 2024 1157 KJ	

MAIL TO:  
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