



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 <b>000067489</b>	2. Exact name of the Corporation <b>Women's Health and Education Fund</b>
3. State of Incorporation <b>RI</b>	5. Brief description of the character of business conducted in Rhode Island <b>Religious, charitable, scientific testing, literary or educational purposes</b>
4. NAICS Code <b>813212</b>	

6. Principal Office Address <b>PO Box 5863</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02910</b>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <b>Danna Freedman-Shara</b>			Vice-President Name _____		
Street Address <b>44 Burnside Ave</b>			Street Address _____		
City <b>Riverade</b>	State <b>RI</b>	Zip <b>02915</b>	City _____	State _____	Zip _____
Secretary Name <b>Stephanie Gorton</b>			Treasurer Name <b>Jamie McInture</b>		
Street Address <b>24 Sheldon St</b>			Street Address <b>6 Scarborough Road</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02904</b>

8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment

Director Name <b>Edie Ajello</b>			Director Name <b>Genie Bailey</b>		
Street Address <b>29 Benefit Street</b>			Street Address <b>82 Laurel Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
Director Name <b>Tiara Mack</b>			Director Name <b>Danna Freedman-Shara</b>		
Street Address <b>179 Camp Street Apt 3</b>			Street Address <b>44 Burnside Avenue</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>

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 <b>Danna Freedman-Shara</b>	Date <b>08/26/24</b>
Signature of Officer/Authorized Representative 	
BY  SEP 06 2024	

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

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