



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2025  
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.

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1. Entity ID Number 001776448			2. Exact name of the Corporation GFWC BABS' INSPIRATIONS		
3. State of Incorporation RI			5. Brief description of the character of business conducted in Rhode Island TO MAINTAIN CONTACT AMONG THE 2014-2016 GFWC STATE PRESIDENTS TO SUPPORT THE IDEALS AND PROGRAMS OF THE GENERAL FEDERATION OF WOMEN'S CLUB (GFWC)		
4. NAICS Code 813319					
6. Principal Office Address 133 GORDON STREET			City CRANSTON	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 DARLENE ADAMS			Vice-President Name DIANE ADDENTE		
Street Address 101 WOODRIDGE LANE			Street Address 707 CASTILLEJA COURT		
City PICAYUNE	State MS	Zip 39466	City NAPERVILLE	State IL	Zip 60540
Secretary Name TINA SMITH			Treasurer Name JANET TROMBETTI		
Street Address 189 N. MAIN ST. APT. 202			Street Address 133 GORDON STREET		
City CONCORD	State NH	Zip 03301	City CRANSTON	State RI	Zip 02910
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 DARLENE ADAMS			Director Name DIANE ADDENTE		
Street Address 101 WOODRIDGE LANE			Street Address 707 CASTILLEJA COURT		
City PICAYUNE	State MS	Zip 39466	City NAPERVILLE	State IL	Zip 60540
Director Name TINA SMITH			Director Name JANET TROMBETTI		
Street Address 189 N. MAIN ST., APT 202			Street Address 133 GORDON STREET		
City CONCORD	State NH	Zip 03301	City CRANSTON	State RI	Zip 02910
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 Janet Trombetti				Date 2/5/25	
Signature of Officer/Authorized Representative JANET TROMBETTI				FILED FEB 05 2025 BY QFYSW	

MAIL TO:  
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