State of Rhode Island
Department of State - Business Services Division

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SECRETARY OF STATE
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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.

1. Entity ID Number	2. Exact name of the Corporation
001776448	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	City	State	Zip
133 GORDON STREET	CRANSTON	RI	02910

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
DARLENE ADAMS	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. — Check the box to indicate an attachment ☐

Director Name	Director Name
DARLENE ADAMS	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	Date
Janet Trombetti	2/5/25
Signature of Officer/Authorized Representative: JANET TROMBETTI	FILED FEB 05 2025 BY QFYSW

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

FORM 631- Revised: 12/2023