



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025:** 2025

**1. Corporate ID No.** 001709212

**2. Name of Corporation** Choices Women's Pregnancy Center

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code  
813212

**4. Principal Office Address**

No. and Street: 43 BROAD STREET  
2ND FLOOR

City or Town: WESTERLY State: RI Zip: 02891-0000 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

CHOICES-WOMEN'S PREGNANCY CENTER (HENCEFORTH REFERRED TO AS CHOICES) IS A NON-PROFIT, NON-DENOMINATIONAL, NON-SECTARIAN ORGANIZATION OF VOLUNTEERS, THAT OPERATES BY INDIVIDUAL AND ORGANIZATIONAL COOPERATION WITH THE GRACE OF GOD. ITS AIM IS TO PROVIDE COMPREHENSIVE PREGNANCY HELP TO THE WOMAN WHEREVER SHE IS ON HER JOURNEY. THIS IS DONE BY GIVING INFORMATION ABOUT ALTERNATIVES TO ABORTION, ASSISTING THE PROCURING OF THESE

ALTERNATIVES, AND CONCRETE HELP TO MAKE THE CHOICE OF GIVING LIFE TO THE PREBORN CHILD THROUGH CARRYING THE PREGNANCY TO TERM THE PREFERRED AND REALISTICALLY POSSIBLE CHOICE, AND TO ASSIST WOMEN WITH THE SUPPORT NECESSARY FOR AN ELIMINATION OF THE PERCEIVED NEED FOR ABORTION. THIS INCLUDES HER EMOTIONAL, SPIRITUAL, AND PHYSICAL NEEDS IN THIS ENDEAVOR, AS BEST POSSIBLE, UNDER DIFFICULT CIRCUMSTANCES SO THAT OUR COMPASSIONATE SUPPORT LEAVES NO WOMAN FEELING THAT ABORTION IS HER ONLY OPTION.

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
DIRECTOR	KIRSTEN I LATIMER	5 CAMP ST. HOPE VALLEY, RI 02832 USA
DIRECTOR	MARIA C PARKER	206 E. AVE. WESTERLY, RI 02891 USA
DIRECTOR	EILEEN A RENZI	33 NEWBURY DR. WESTERLY, RI 02891 USA
DIRECTOR	BARBARA T SIMONCINI	84 NEW LONDON RD. MYSTIC, CT 06355 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KIRSTEN I LATIMER 5 CAMP STREET HOPE VALLEY , RI 02832

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 15 Day of February, 2025 at 2:12:36 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By BARBARA T. SIMONCINI  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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