



State of Rhode Island
Department of State - Business Services Division

25 FEB 20 AM 9:53

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 001757129		2 Exact name of the Corporation MOTHERS OUTREACH NETWORK INC			
3 State of Incorporation DC		5. Brief description of the character of business conducted in Rhode Island We are based in Washington DC. We had an employee who lived in Rhode Island and worked remotely for us.			
4 NAICS Code 813000					
6. Principal Office Address 612 G ST SW		City WASHINGTON		State DC	Zip 20024
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ESTHER COLEMAN			Vice-President Name SOPHIA MITCHELL		
Street Address PO BOX 70927			Street Address PO BOX 70927		
City WASHINGTON	State DC	Zip 20024	City WASHINGTON	State DC	Zip 20024
Secretary Name CATHY KREBS			Treasurer Name CHELI FIGARO		
Street Address PO BOX 70927			Street Address PO BOX 70927		
City WASHINGTON	State DC	Zip 20024	City WASHINGTON	State DC	Zip 20024
8. List ALL directors (names and addresses) RI Corporations MUST list at least THREE directors Check the box to indicate an attachment ☐					
Director Name MELODY WEBB			Director Name KELVIN LASSITER		
Street Address PO BOX 70927			Street Address PO BOX 70927		
City WASHINGTON	State DC	Zip 20024	City WASHINGTON	State DC	Zip 20024
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 MELODY WEBB				Date 2/6/2025	
Signature of Officer/Authorized Representative. 					

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FEB 20 2025
BY
AA. 9:54 AM.

FCRM 631 Revised 12/2023