



State of Rhode Island
Department of State - Business Services Division

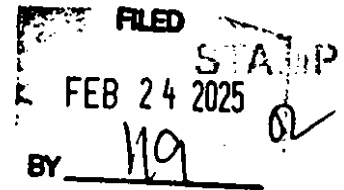
Annual Report for the year: 2025

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.



1. Entity ID Number 001701924		2. Exact name of the Corporation WomensWork Theatre Collaborative			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Production of plays and events that promote creative expression, performance, and artistic decision-making by women over the age of 40, an under-represented demographic in Rhode Island arts leadership.			
4. NAICS Code 711310					
6. Principal Office Address 15 River Street			City Cranston	State RI	Zip 02905
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Lynne Collinson			Vice-President Name		
Street Address 15 River Street			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
Secretary Name Carol Schlink			Treasurer Name Paula Faber		
Street Address 69 Enfield Avenue			Street Address 150 Stone Ridge Road		
City Providence	State RI	Zip 02908	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rae Mancini			Director Name Juli Parker		
Street Address 129 Shaw Avenue			Street Address 911 Wood Street		
City Cranston	State RI	Zip 02905	City Swansea	State MA	Zip 02777
Director Name Carol Schlink			Director Name Paula Faber		
Street Address 69 Enfield Avenue			Street Address 150 Stone Ridge Road		
City Providence	State RI	Zip 02908	City East Greenwich	State RI	Zip 02818
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Lynne Collinson, President				Date 2/10/2025	
Signature of Officer/Authorized Representative <i>Lynne Collinson</i>					

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