



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.

REC'D 2025 BSD
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1. Entity ID Number <u>0DD54205D</u>		2. Exact name of the Corporation <u>United Women Association</u>	
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>To develop self-esteem among women in our community and to reach out to the less fortunate</u>	
4. NAICS Code <u>513219</u>			
6. Principal Office Address <u>46 Gray Street</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02909</u>	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name <u>Emma Stewart</u>		Vice-President Name <u>Gertude Wold</u>	
Street Address <u>46 Gray Street</u>		Street Address <u>316 California Ave</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02909</u>	
Secretary Name <u>Mae Perry-Kpanan</u>		Treasurer Name <u>Beatrice Dorkey</u>	
Street Address <u>143 Hope Street</u>		Street Address <u>14 Lee Ave</u>	
City <u>Woodsocket</u>	State <u>RI</u>	Zip <u>02885</u>	
City <u>Providence</u>		State <u>RI</u>	Zip <u>02904</u>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name <u>Walter Sae</u>		Director Name <u>Florence Mally</u>	
Street Address <u>71 Atwood Ave</u>		Street Address <u>83 Whitmarsh Street</u>	
City <u>Pawtucket</u>	State <u>RI</u>	Zip <u>02860</u>	
City <u>Providence</u>		State <u>RI</u>	Zip <u>02907</u>
Director Name <u>Chity Stroke</u>		Director Name <u>Haura Miamen</u>	
Street Address <u>94 Gallup Street</u>		Street Address <u>125 Bowen Street</u>	
City <u>Providence</u>	State <u>RI</u>	Zip <u>02905</u>	
City <u>Providence</u>		State <u>RI</u>	Zip <u>02904</u>
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 <u>Emma Street</u>			Date <u>4/1/25</u>
Signature of Officer/Authorized Representative <u>B. Donlin</u>			BY <u>QTJ46</u>

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov