



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.

FILED
APR 07 2025
BY *[Signature]*

1. Entity ID Number 26776		2. Exact name of the Corporation The League of Women Voters of Rhode Island			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To promote informed and active participation of citizens in government.			
4. NAICS Code 813319					
6. Principal Office Address One Richmond Square, Suite 220 A-W			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sandy Johnson			Vice-President Name Christine Keiser Stenning		
Street Address 36 High Street			Street Address 97 Narragansett Avenue		
City Jamestown	State RI	Zip 02835	City Newport	State RI	Zip 02804
Secretary Name Patricia Sylvester			Treasurer Name Rosemary Forbes-Woodside		
Street Address 11 Seabreeze Lane			Street Address 23 Skysail Court		
City Bristol	State RI	Zip 02809	City Jamestown	State RI	Zip 02835
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 Christine Martone			Director Name Elisabeth Head		
Street Address 10 Terrace Avenue			Street Address 603 Angell Street		
City Westerly	State RI	Zip 02891	City Providence	State RI	Zip 02906
Director Name Diana McGee			Director Name Mary Chace		
Street Address 8 Seabreeze Lane			Street Address 7 Whipple Avenue		
City Bristol	State RI	Zip 02809	City Riverside	State RI	Zip 02915
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 Rosemary Forbes-Woodside				Date 3/31/2025	
Signature of Officer/Authorized Representative <i>Rosemary Forbes-Woodside</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