



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS B.D.
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Annual Report for the year:
Non-Profit Corporation

2025

- 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 061770025		2. Exact name of the Corporation Pauline Foundation	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Pauline Foundation is a nonprofit organization our mission is to help single mothers and children build a better and happier lives. We provide essential support such as Food, clothes, holiday baskets, and other resources to help them in need within the community	
4. NAICS Code 813319			
6. Principal Office Address 29 Milk St (we work from home)		City Providence	State RI
		Zip 02905	
7. List ALL officers (names and addresses) <input type="checkbox"/> Check the box to indicate an attachment			
President Name Pauline Dobson		Vice-President Name Todd Soe	
Street Address 29 Milk St		Street Address 29 Milk St	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
Secretary Name Natasha Wourt		Treasurer Name N/A	
Street Address 852 Mercer St		Street Address	
City Princeton	State WV	City	State
Zip 24740		Zip	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <input type="checkbox"/> Check the box to indicate an attachment			
Director Name Pauline Dobson		Director Name Todd Soe	
Street Address 29 Milk St		Street Address 29 Milk St	
City Providence	State RI	City Providence	State RI
Zip 02905		Zip 02905	
Director Name Natasha Wourt		Director Name	
Street Address 852 Mercer St		Street Address	
City Princeton	State WV	City	State
Zip 24740		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 Pauline Dobson		FILED	Date 04/29/25
Signature of Officer/Authorized Representative Pauline Dobson		APR 30 2025 877dp	

MAIL TO:
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