RI SOS Filing Number: 202579398100 Date: 9/29/2025 12:38:00 PM

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
2025 SEP 29 A 8:03
SECRETARY OF STATE

1. Entity ID Number	2. Exact name of the Corporation
000487904	Doulas of Rhode Island/DORI
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: Doulas of Rhode Island was founded to provide RI families with access to birth and postpartum doulas and to educate the public about the physical and emotional benefits of doula support during and after birth.
4. NAICS Code: 812990	

6. Principal Office Address	City	State	Zip
P.O. Box 2152	Providence	RI	02907

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Hailey Paris			Vice-President Name: Shaylyn Forloney		
Street Address: 18 Harbour island Rd			Street Address: 272 Norwood Ave		
City: Narragansett	State: RI	Zip: 02882	City: Cranston	State: RI	Zip: 02905
Secretary Name: Jenn Fantasia			Treasurer Name: Bahar Bilgen		
Street Address: 37 Douglas Circle			Street Address: 19 Chapin Rd		
City: Greenville	State: RI	Zip: 02828	City: Barrington	State: RI	Zip: 02806

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name: Hailey Paris			Director Name: Shaylyn Forloney		
Street Address: 18 Harbour Island Rd			Street Address: 272 Norwood Ave		
City: Narragansett	State: RI	Zip: 02882	City: Cranston	State: RI	Zip: 02905
Director Name: Jenn Fantasia			Director Name: Bahar Bilgen		
Street Address: 37 Douglas Circle			Street Address: 19 Chapin Rd		
City: Greenville	State: RI	Zip: 02828	City: Barrington	State: RI	Zip: 02806

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	Date
Bahar Bilgen	**29 Sep 2025**

Signature of Officer/Authorized Representative

FILED
SEP 29 2025
BY

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

FORM 631- Revised: 12/2023