



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022

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 RHODES ESD
25 SEP 29 PM 2:00:00

1. Entity ID Number 000487904		2. Exact name of the Corporation 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 P.O. Box 2152			City Providence	State RI	Zip 02907
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Amber Matteson			Vice-President Name Emerald Ortiz		
Street Address 5 Manatee Road			Street Address 276 Division St		
City Weymouth	State MA	Zip 02189	City Pawtucket	State RI	Zip 02860
Secretary Name			Treasurer Name Jessica Rosene de Brito		
Street Address			Street Address 113 Lowden St.		
City	State	Zip	City Pawtucket	State RI	Zip 02860
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 Amber Matteson			Director Name Emerald Ortiz		
Street Address 5 Manatee Road			Street Address 276 Division St		
City Weymouth	State MA	Zip 02189	City Pawtucket	State RI	Zip 02860
Director Name Jessica Rosene de Brito			Director Name		
Street Address 113 Lowden St.			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	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.					
<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 Bahar Bilgen				Date 29 Sep 2025	
Signature of Officer/Authorized Representative 					

FILED

SEP 29 2025

BY **7X12**