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State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2020
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

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: Susie Finnerty			Vice-President Name: Felicia Love		
Street Address: 115 Riverside Dr			Street Address: 1 Roger Williams Green		
City: East Providence	State: RI	Zip: 02915	City: Providence	State: RI	Zip: 02904
Secretary Name			Treasurer Name: Lauren Miller		
Street Address			Street Address: 130 Arlington Ave		
City	State	Zip	City: Providence	State: RI	Zip: 02906

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

Director Name: Susie Finnerty			Director Name: Felicia Love		
Street Address: 115 Riverside Dr			Street Address: 1 Roger Williams Green		
City: East Providence	State: RI	Zip: 02915	City: Providence	State: RI	Zip: 02904
Director Name: Lauren Miller			Director Name		
Street Address: 130 Arlington Ave			Street Address		
City: Providence	State: RI	Zip: 02906	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.

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