

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000001545

**Entity Name:** STRONG WOMEN,STRONG GIRLS, INC.**Current Principal Place of Business:**262 WASHINGTON STREET  
SUITE 602  
BOSTON, MA 02108**Current Mailing Address:**262 WASHINGTON STREET  
SUITE 602  
BOSTON, MA 02108**FEI Number:** 20-2321377**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**TROMBLY, MEGHAN  
8410 NW 53RD TERRACE  
MONTEREY BUILDING, SUITE 110  
DORAL, FL 33166 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:** MEGHAN TROMBLY

01/25/2013

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VCS  
Name FLAHAVAN, KATHLEEN  
Address 25 CHURCH STREET, APT.2  
City-State-Zip: BOSTON MA 02116

Title TREASURER  
Name CHARNLEY, NINA  
Address 224 MARLBOROUGH STREET #42  
City-State-Zip: BOSTON MA 02116

Title D  
Name NOWSKI, TRACY  
Address 111 PARK STREET  
City-State-Zip: NEW HAVEN CT 06511

Title BOARD CHAIR  
Name MIELE, SUSAN  
Address 39 CROSBY STREET  
City-State-Zip: ARLINGTON MA 02474

Title DIRECTOR  
Name BIRTZ, ANGELA  
Address 258 SHAWMUT AVE  
City-State-Zip: BOSTON MA 02118

Title DIRECTOR  
Name ALLEN, AMY  
Address 135 MORRISSEY BLVD  
City-State-Zip: BOSTON MA 02205

Title DIRECTOR  
Name FAGAN, TRACY  
Address 114 HUDSON STREET  
City-State-Zip: NORTHBOROUGH MA 01532

Title DIRECTOR  
Name LOWE, OLGA  
Address 34 CHANNING STREET  
SUITE 1  
City-State-Zip: NEWTON MA 02458

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MEGHAN TROMBLY**DIRECTOR OF  
PROGRAMS**

01/25/2013

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SIERRA, CLARA  
Address 712 5TH AVENUE  
City-State-Zip: NEW YORK NY 10019

Title DIRECTOR  
Name VIDAL-SMITH, TINA  
Address 3101 SW 133RD TERRACE  
City-State-Zip: DAVIE FL 33330

Title DIRECTOR  
Name UFFELMAN, CHRISTY  
Address 955 COUNTRY CLUB DR  
City-State-Zip: PITTSBURGH PA 15228

Title DIRECTOR OF PROGRAMS  
Name TROMBLY, MEGHAN  
Address 262 WASHINGTON STREET  
SUITE 602  
City-State-Zip: BOSTON MA 02108