



Department of State - Business Services Division

Annual Report for the year: 2017

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 56786		2. Exact name of the Corporation Rhode Islanders for Abortion Rights					
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Advocacy and Lobbying on issues of Reproductive Rights					
4. NAICS Code 813319 <i>ADVOCACY ORG.</i>							
6. Principal Office Address 288 Spencer Avenue				City Warwick		State R.I.	Zip 02818
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Hilary Markoe				Vice-President Name			
Street Address 27 Anawan Road				Street Address			
City PAWTUCKET		State R.I.	Zip 02861		City		Zip
Secretary Name				Treasurer Name Barbara B. Colt			
Street Address				Street Address 288 Spencer Avenue			
City		State	Zip		City Warwick		Zip 02818
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 Edith Ajello				Director Name Amy Black			
Street Address 29 Benefit Street				Street Address 820 Greenville Avenue			
City Providence		State R.I.	Zip 02904		City Johnston		Zip 02895
Director Name Rhoda Perry				Director Name			
Street Address 27 Top Street				Street Address			
City Providence		State R.I.	Zip 02818		City		Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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 Barbara B. Colt Treasurer						Date 6/22/2017	
Signature of Officer/Authorized Representative <i>Barbara B. Colt</i>						FILED JUN 22 2017	

MAIL TO:
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 Website: www.sos.ri.gov