

FILED

JUN 29 2018

BY

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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
 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 000056786		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			
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	
Secretary Name		Treasurer Name BARBARA B. COLT	
Street Address		Street Address 288 SPENCER AVENUE	
City	State	Zip	
		City WARWICK	State R.I.
		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	State R.I.
		Zip 02895	
Director Name RHODA PERRY		Director Name	
Street Address 27 TOP STREET		Street Address	
City PROVIDENCE	State R.I.	Zip 02903	
		City	State
		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, duty Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative BARBARA B. COLT			Date 6/27/18
Signature of Officer/Authorized Representative <i>Barbara B. Colt</i>			

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