

Department of State - Business Services Division

FILED

Annual Report for the year: 2019
 Non-Profit Corporation

JUN 27 2019

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

BY 273 DS

1. Entity ID Number <u>000056786</u>	2. Exact name of the Corporation <u>Rhode Islanders for Abortion Rights</u>
3. State of Incorporation <u>Rhode Island</u>	5. Brief description of the character of business conducted in Rhode Island <u>ADVOCACY AND LBBYING ON ISSUES OF REPRODUCTIVE RIGHTS</u>
4. NAICS Code <u>813319</u>	

6. Principal Office Address <u>288 SPENCER AVENUE</u>	City <u>WARWICK</u>	State <u>P.I.</u>	Zip <u>02818</u>
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7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>HILARY MARKOE</u>		Vice-President Name	
Street Address <u>27 ANAWAN ROAD</u>		Street Address	
City <u>PAWTUCKET</u>	State <u>RI</u>	Zip <u>02861</u>	
Secretary Name		Treasurer Name <u>BARBARA B. COLT</u>	
Street Address		Street Address <u>288 SPENCER AVE</u>	
City	State	Zip	City <u>WARWICK</u> State <u>RI</u> Zip <u>02818</u>

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 <u>EDITH JELLD</u>		Director Name <u>AMY BLACK</u>	
Street Address <u>29 BENEFIT ST.</u>		Street Address <u>820 GREENVILLE AVENUE</u>	
City <u>PROVIDENCE</u>	State <u>R.I.</u>	Zip <u>02904</u>	City <u>JOHNSTON</u> State <u>RI</u> Zip <u>02895</u>
Director Name <u>RHODA PERRY</u>		Director Name	
Street Address <u>27 TOP STREET</u>		Street Address	
City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02903</u>	City

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.

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 <u>BARBARA B. COLT</u>	Date <u>6/25/19</u>
Signature of Officer/Authorized Representative <u>Barbara B. Colt, Treasurer</u>	