



Department of State - Business Services Division

Annual Report for the year: 2020  
 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.

FILED

JUN 25 2020

BY 1304 OS

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 LOBBYING 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>RI</u>
		Zip <u>02818</u>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
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. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <u>EDITH AJELLO</u>		Director Name <u>AMY BLACK</u>	
Street Address <u>29 BENEFIT STREET</u>		Street Address <u>820 GREENVILLE AVE.</u>	
City <u>PROVIDENCE</u>	State <u>RI</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
			State
			Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<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 <u>BARBARA B. COLT</u>			Date <u>6/23/20</u>
Signature of Officer/Authorized Representative <u>Barbara B. Colt</u>			

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