



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year:
Non-Profit Corporation

2021

JUN 30 2021

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

BY 7450
00

1. Entity ID Number 00006786		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 SPENLER 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 RI	Zip 02861	City	State	Zip
Secretary Name		Treasurer Name BARBARA B. COLT			
Street Address		Street Address 288 SPENLER 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. The Registered Agent information of record with the RI Department of State is accurate. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Barbara B. Colt - BARBARA B. COLT				Date 6/27/21	
Signature of Officer/Authorized Representative Barbara B. Colt					

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