



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2022
Non-Profit Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAY 02 2022
BY

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 SPENLER AVENUE		City WARWICK	State R.I.
		Zip 02815	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name HILARY MIRKOE		Vice-President Name 	
Street Address 37 ANTWAN ROAD		Street Address 	
City PAWTUCKET	State R.I.	Zip 02861	City
State 	Zip 	City 	State
Secretary Name 		Treasurer Name BARBARA B. COLT	
Street Address 		Street Address 288 SPENLER AVENUE	
City 	State 	Zip 	City WARWICK
State 	Zip 	City 	State R.I.
		Zip 02815	
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 520 GREENVILLE AVENUE	
City PROVIDENCE	State R.I.	Zip 02904	City JOHNSTON
State 	Zip 	City 	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 	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			Date 4/27/22
Signature of Officer/Authorized Representative 			