



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2023

MAR 29 2023

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

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 818319			
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 12 NORTH HILLVIEW DRIVE		Street Address	
City NARRAGANSETT	State R.I.	Zip 02882	
Secretary Name		Treasurer Name BARBARA B COLT	
Street Address		Street Address 288 SPENCER AVENUE	
City	State	Zip	City WARWICK
			State RI
			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			Date 3/27/23
Signature of Officer/Authorized Representative Barbara B. Colt			