



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 56786		2. Exact name of the Corporation 2 to 1: The Coalition to Preserve Choice			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island The Coalition works to preserve the right to a safe, legal abortion and full access to reproductive health care services and education for all women.			
5. Principal office address 288 Spencer Avenue			City Warwick	State RI	Zip 02818
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Hilary MARKOE			Vice-President Name Amy Black		
Street Address 27 Anawan Road			Street Address 820 GREENVILLE AVENUE		
City Pawtucket	State RI	Zip 02861	City JOHNSTON	State RI	Zip 02919
Secretary Name Barbara Baldwin			Treasurer Name Barbara B. Colt		
Street Address 81 Hudspn Street			Street Address 288 Spencer Avenue		
City Providence	State RI	Zip 02909	City Warwick	State RI	Zip 02818
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Edith Ajello			Director Name Rhoda Perry		
Street Address 29 Benefit Street			Street Address 27 Top Street		
City Providence	State RI	Zip 02914	City Providence	State RI	Zip 01906
Director Name Melody Drnach			Director Name Robin Dionne		
Street Address 10 Union Street			Street Address 33 Blackamore Avenue		
City Jamestown	State RI	Zip 02835	City Cranston	State RI	Zip 02910
8. REGISTERED AGENT IN RHODE ISLAND BARBARA B. COLT					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

FILED

JUN 19 2012

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

6/11/12

Signature of Officer _____ Date

Barbara B. Colt, Treasurer
 Print or Type Name of Officer

Barbara B. Colt

Title of Officer