



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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 Rhode Islanders For Abortion Rights P.O. Box 5863 Providence, RI 02903			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island ADVOCACY AND LOBBYING ON ISSUES SURROUNDING REPRODUCTIVE RIGHTS			
5. Principal office address 288 SPENCER AVENUE			City WARWICK	State R.I.	Zip 02818
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name HILARY MARKOE			Vice-President Name		
Street Address 27 ANAWAN ROAD			Street Address		
City PAWUCKET	State R.I.	Zip 02861	City	State	Zip
Secretary Name			Treasurer Name BARBARA B. COLT		
Street Address			Street Address 288 SPENCER AVENUE		
City	State	Zip	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 AMY BLACK		
Street Address 29 BENEFIT STREET			Street Address 820 GREENVILLE AVENUE		
City PROVIDENCE	State RI	Zip 02904	City JOHNSTON	State RI	Zip 02919
Director Name RHODA PERRY			Director Name REBEKAH GREENWALD SPECK		
Street Address 27 TOP STREET			Street Address 62 SOUTH MAIN STREET		
City PROVIDENCE	State RI	Zip 02906	City WOONSOCKET	State RI	Zip 02895
8. REGISTERED AGENT IN RHODE ISLAND					
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, duly Authorized Representative, Receiver or Trustee

FILED
JUN 29 2015

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.

File Date _____

Check No _____

By: _____

BY **2163**

Barbara B. Colt, Treasurer **6/25/15**
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

BARBARA B. COLT, TREASURER
 Print or Type Name of Officer or Authorized Representative