RI SOS Filing Number: 201694065210 Date: 03/18/2016 10:13 AM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000138994

2. Name of Corporation Rhode Island Now

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 40153
City or Town: PROVIDENCE State: RI Zip: 02140 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO TAKE ACTION TO BRING WOMEN INTO FULL PARTICIPATION IN THE MAINSTREAM OF AMERICAN SOCIETY NOW

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	REBECCA KISLAK	PO BOX 40153 PROVIDENCE, RI 02940 USA
TREASURER	ASHLEY PERRY	PO BOX 40153 PROVIDENCE, RI 02940 USA

0-1185-0

SECRETARY	LAURA COSTA	PO BOX 40153 PROVIDENCE, RI 02940 USA
VICE PRESIDENT	AMANDA CLARKE	PO BOX 40153 PROVIDENCE, RI 02940 USA
DIRECTOR	GAIL HARVEY	PO BOX 40153 PROVIDENCE, RI 02940 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

LAURA BRIDGE 108 NORFOLK STREET CRANSTON , RI 02910

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 18 Day of March, 2016 at 10:13:16 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By REBECCA KISLAK
Signature of Authorized Person

Form No. 631
Revised 09/07