RI SOS Filing Number: 201699013450 Date: 05/16/2016 4:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division
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: 2016
Filing period: June 1 - June 30
Filing Fee: $20.00 ***FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID Number	2. Exact name of the Corporation
000030498	Women's Liberation Union of Rhode Island
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	Equal Rights for Women

5. Principal Office Address	City	State	Zip
254 4th St.	Providence	RI	02906

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Jodi L Glass	Ruth E. Horton
Street Address: 254 4th St	Street Address: 254 4th St.
City: Providence State: RI Zip: 02906	City: Providence State: RI Zip: 02906
Secretary Name: (Director) Jodi L. Glass	Treasurer Name: Deborah M Valletta
Street Address: 254 4th St.	Street Address: 18 Chatham Rd
City: Providence State: RI Zip: 02906	City: Cranston State: RI Zip: 02920

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name	Director Name
Jodi L Glass	Ruth E Horton
Street Address: 254 4th St.	Street Address: 254 4th St
City: Providence State: RI Zip: 02906	City: Providence State: RI Zip: 02906
Director Name: Deborah M. Valletta	Director Name
Street Address: 18 Chatham Rd	Street Address
City: Cranston State: RI Zip: 02920	City State Zip

8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. 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.

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

Name of Officer/Authorized Representative	Date
Jodi L Glass	5/11/16
Signature of Officer/Authorized Representative: Jodi L Glass	

FILED
MAY 16 2016
BY 242DS

Form No. 631
Revised. 2016

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