

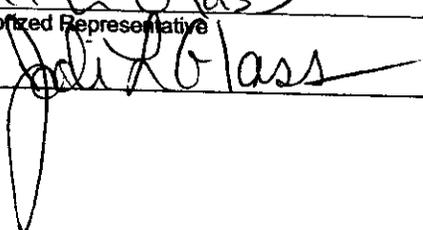
**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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 000030498		2. Exact name of the Corporation Women's Liberation Union of Rhode Island	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Equal Rights For Women	
5. Principal Office Address 254 4th St.		City Providence	State RI
		Zip 02906	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jodi L Glass		Vice-President Name Ruth E Horton	
Street Address 254 4th St		Street Address 254 4th St.	
City Providence	State RI	City Providence	State RI
Zip 02906		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	City Cranston	State RI
Zip 02906		Zip 02920	
7. 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 Jodi L Glass		Director Name Ruth E Horton	
Street Address 254 4th St.		Street Address 254 4th St	
City Providence	State RI	City Providence	State RI
Zip 02906		Zip 02906	
Director Name Deborah M. Valletta		Director Name	
Street Address 18 Chatham Rd		Street Address	
City Cranston	State RI	City	State
Zip 02920		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Jodi L Glass		Date 5/11/16	
Signature of Officer/Authorized Representative 			

FILED

MAY 16 2016

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