



**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:** 2019

**1. Corporate ID No.** 000138994

**2. Name of Corporation** Rhode Island Now

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813319

**4. Corporate Address in Rhode Island**

No. and Street: PO BOX 40153

City or Town: PROVIDENCE

State: RI

Zip: 02940

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

| <b>Title</b>   | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|----------------|---|---|
| PRESIDENT      | HILARY LEVEY FRIEDMAN                                 | POBOX 40153<br>PROVIDENCE, RI 02940 USA                           |
| TREASURER      | JESSICA MAYERNIK                                      | PO BOX 40153<br>PROVIDENCE, RI 02940 USA                          |
| SECRETARY      | LAURA COSTA   | PO BOX 40153<br>PROVIDENCE, RI 02940 USA                          |
| VICE PRESIDENT | EMILY CROWELL   | PO BOX 40153<br>PROVIDENCE, RI 02940 USA                          |
| DIRECTOR       | ANDRE DAVIS   | PO BOX 40153<br>PROVIDENCE, RI 02940 USA                          |
| DIRECTOR       | GAIL HARVEY   | POBOX 40153<br>PROVIDENCE, RI 02940 USA                           |
| DIRECTOR       | BRITTANNY TAYLOR                                      | PO BOX 40153<br>PROVIDENCE, RI 02940 USA                          |
| DIRECTOR       | ALANA DIMARIO   | PO BOX 40153<br>PROVDIENCE, RI 02940 USA                          |
| DIRECTOR       | LILIA HOLT  | PO BOS 40153<br>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**

NICOLE M. VERDI, ESQ. ADLER POLLOCK & SHEEHAN P.C. ONE CITIZENS PLAZA, 8TH FLOOR  
PROVIDENCE , RI 02903

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

**Signed this 29 Day of April, 2019 at 6:19:35 PM 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 HILARY LEVEY FRIEDMAN  
Signature of Authorized Person

Form No. 631  
Revised 09/07