



NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: June 1 - June 30 • Filing Fee: \$20.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 138994		2. Name of Corporation Rhode Island NOW			
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 10 UNION ST		City JAMESTOWN	Zip 02835
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island To take action to bring women into full equality					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Melody Drnach			Vice President Name Emily Rochon		
Street Address 10 Union St.			Street Address PO Box 8413		
City Jamestown	State RI	Zip 02835	City Warwick	State RI	Zip 02888
Secretary Name Emily Davis			Treasurer Name Richard Towne		
Street Address PO Box 8413			Street Address PO Box 8413		
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
Director Name Melody Drnach			Director Name Emily Rochon		
Street Address 10 Union St.			Street Address PO Box 8413		
City Jamestown	State RI	Zip 02835	City Warwick	State RI	Zip 02888
Director Name Richard Towne			Director Name		
Street Address PO Box 8413			Street Address		
City Warwick	State RI	Zip 02888	City	State	Zip
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
Agent Name Melody Drnach			Address		
Address 10 Union Street			City Jamestown	Zip 02835	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Melody Drnach 6/10/05
Signature of Officer Date
Melody Drnach
Print or Type Name of Officer
President
Title of Officer

File Date	6/10/05
Check No.	202
By:	KML
FOR SECRETARY OF STATE USE ONLY	