



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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BUS. SVCS. DIV. STAMP
2021 JUL 12 AM 11:19

1. Entity ID Number 30448		2. Exact name of the Corporation Women's Liberation Union of RI			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Equal rights for women.			
4. NAICS Code 92190					
6. Principal Office Address 174 Blackstone Blvd (#1)			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jodi H Glass			Vice-President Name Ruth E Horton		
Street Address 174 Blackstone Blvd (#1)			Street Address 174 Blackstone Blvd (#1)		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Deb Valtella			Treasurer Name		
Street Address 18 Chatham Rd			Street Address		
City Cranston	State RI	Zip 02900	City	State	Zip
8. 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 H Glass			Director Name Ruth E Horton		
Street Address 174 Blackstone Blvd (#1)			Street Address 174 Blackstone Blvd (#1)		
City Providence	State RI	Zip 02906	City Providence,	State RI	Zip 02906
Director Name Deb Valtella			Director Name		
Street Address 18 Chatham Rd			Street Address		
City Cranston	State RI	Zip 02900	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. 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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Jodi H Glass					Date 7/9/21
Signature of Officer/Authorized Representative <i>Jodi H Glass</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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