State of Rhode Island
Office of the Secretary of State

Fee: $20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Non-Profit Annual Report

Filing Period: February 1 - May 1

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 - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001718126

2. Name of Corporation National Network of Abortion Funds

3. State of Incorporation

State: DC

NAICS CODE

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
813311

4. Principal Office Address

No. and Street: 9450 SW GEMINI DRIVE, PMB 16009
City or Town: BEAVERTON State: OR Zip: 97008 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

BUILDS POWER WITH MEMBERS TO REMOVE FINACIAL AND LOGISTICAL BARRIERS TO ABORTION ACCESS

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

TREASURER	UMA RAO	9450 SW GEMINI DRIVE, PMB 16009 BEAVERTON, OR 97008 USA
CFO	ANTOINETTE MIMS	9450 SW GEMINI DRIVE, PMB 16009 BEAVERTON, OR 97008 USA
CHAIR	KATRINA ROGERS	9450 SW GEMINI DRIVE, PMB 16009 BEAVERTON, OR 97008 USA
DIRECTOR	ASHA DANEEL	9450 SW GEMINI DRIVE, PMB 16009 BEAVERTON, OR 97008 USA
DIRECTOR	POONAM DREYFUS-PAI	9450 SW GEMINI DRIVE, PMB 16009 BEAVERTON, OR 97008 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CORPORATE CREATIONS NETWORK INC. 10 DORRANCE STREET #700 PROVIDENCE , RI 02903

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

Signed this 28 Day of April, 2025 at 1:18:38 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 MAIA LEE
Signature of Authorized Person

Form No. 631
Revised 09/07