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FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

RHODE ISLAND STATE RIGHT TO LIFE COMMITTEE INC.

ADDRESS (number and street) ▼ 266 SMITH STREET

☐ (Check if address is changed)

PROVIDENCE | RI | 02908-

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

rmparquette@ri.rtl.org

COMMITTEE'S WEB PAGE ADDRESS (URL)

www.ri.rtl.org

COMMITTEE'S FAX NUMBER

401-521-1860

2. DATE 06 / 26 / 2006

3. FEC IDENTIFICATION NUMBER ▶ C

4. IS THIS STATEMENT ☒ NEW (N) **OR** ☐ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer M. MICHAEL MOTTA

Signature of Treasurer M. Michael Motta Date 06 / 27 / 2006

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.

ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office Use Only				

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 02/2003)

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5. TYPE OF COMMITTEE (Check One)

(a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)

(b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation ☐ Office Sought: ☐ House ☐ Senate ☐ President State ☐ District ☐

(c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

(d) ☐ This committee is a ☐ (National, State or subordinate) committee of the ☐ (Democratic, Republican, etc.) Party.

(e) ☐ This committee is a separate segregated fund.

(f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee.

6. Name of Any Connected Organization or Affiliated Committee NONE

Mailing Address

CITY ▲ STATE ▲ ZIP CODE ▲

Relationship

Type of Connected Organization:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

Write or Type Committee Name

RHODE ISLAND STATE RIGHT TO LIFE COMMITTEE, INC

7. **Custodian of Records:** Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name: RITA M PARDUETTE

Mailing Address: 266 SMITH ST

PROVIDENCE RI 02908-

Title or Position ▼: EXECUTIVE DIRECTOR

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number 401-521-1860

8. **Treasurer:** List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer: M. MICHAEL MOTTA

Mailing Address: 266 SMITH ST

PROVIDENCE RI 02908-

Title or Position ▼

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number -

Full Name of Designated Agent: WILLIAM P McKENNA

Mailing Address: 266 SMITH ST

PROVIDENCE RI 02908-

Title or Position ▼

CITY ▲ STATE ▲ ZIP CODE ▲

Telephone number -

Federal Election Commission

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