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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

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(Revised 02/2003)

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