



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 70225		2. Exact name of the Corporation Greater Tiverton Community Chorus			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To bring choral music to the community			
5. Principal office address 385 Neck Road		City Tiverton		State RI	Zip 02878
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Buzz Brownlee		Vice-President Name Susan Rood			
Street Address 36 West Cedar Rd.		Street Address 279 Rolling Hill Rd			
City Westport	State MA	Zip 02791	City Portsmouth	State RI	Zip 02871
Secretary Name Virginia Greenwood		Treasurer Name Narda Snell			
Street Address 549 Maple Ave		Street Address 385 Neck Road			
City Barrington	State RI	Zip 02806	City Tiverton	State RI	Zip 02878
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Gayle Raposa		Director Name Nancy Brownlee			
Street Address 44 Harris Dr		Street Address 36 West Cedar Rd			
City Tiverton	State RI	Zip 02878	City Westport	State MA	Zip 02791
Director Name Richard St. Amour		Director Name Nicole Despres			
Street Address 10 Highridge Terrace		Street Address 170 Long Highway			
City Tiverton	State RI	Zip 02878	City Little Compton	State RI	Zip 02837
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAY 13 2013

Form No. 631
Revised: 05/2012

By MRS
CH # 1601

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.

Narda Snell 5/10/13
Signature of Officer Date

NARDA SNELL
Print or Type Name of Officer

Treasurer
Title of Officer