



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

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

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

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: 2014

1. Corporate ID No. 000152493

2. Name of Corporation Greenwich Bay Women's Club

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: PO BOX 67

City or Town: EAST GREENWICH State: RI Zip: 02818 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROMOTE CULTURAL, EDUCATIONAL AND SOCIAL DEVELOPMENT OF MEMBERS
AND TO ENGAGE IN ACTIVITIES FOR THE BETTERMENT OF THE COMMUNITY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LAUREEN RYAN	20 WALNUT RD NORTH KINGSTOWN, RI 02852 USA
VICE PRESIDENT	CATE BOYLE	24 LILLIBRIDGE DR EAST GREENWICH, RI 02818 USA

DIRECTOR	LYNNE WOLFF	7 COVESIDE DRIVE EAST GREENWICH, RI 02818 USA
DIRECTOR	LINDA SAMI	32 COWEWSETT AVE WEST WARWICK, RI 02893 USA
DIRECTOR	JANET KINNEY	264 SUNNYBROOK FARM RD NARRAGANSETT, RI 02882 USA

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

LYN GESSNER 29 CARRS LANE WARWICK , RI 02886

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

Signed this 8 Day of July, 2014 at 1:54:58 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 LAUREEN RYAN
Signature of Authorized Person

Form No. 631
Revised 09/07

© 2007 - 2014 State of Rhode Island and Providence Plantations
All Rights Reserved