



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 000031458		2. Exact name of the Corporation East Greenwich Citizens Who Care	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island VOLUNTEER COALITION INVOLVED IN PROMOTING HEALTH AND WELLNESS EDUCATION AND PREVENTION PROGRAMS TO THE EAST GREENWICH COMMUNITY AND EG SCHOOL DEPARTMENT	
5. Principal office address PO BOX 1146		City EAST GREENWICH	State RI
		Zip 02818	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐			
President Name OFFICERS UNKNOWN Beth Hopkins		Vice-President Name NONE / UNKNOWN	
Street Address 250 Chestnut Dr		Street Address	
City East Greenwich	State RI	City	Zip
Secretary Name NONE / UNKNOWN		Treasurer Name Beth Hopkins	
Street Address		Street Address 250 Chestnut Drive	
City	State	City East Greenwich	Zip RI 02818
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐			
Director Name DIRECTORS UNKNOWN		Director Name	
Street Address		Street Address	
City	State	City	Zip
Director Name		Director Name	
Street Address		Street Address	
City	State	City	Zip
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 04 2015

BY **CA 250220**

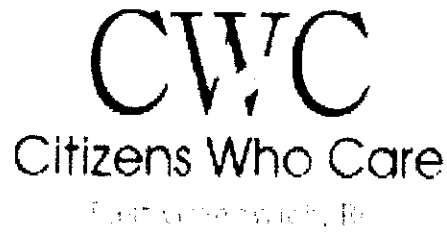
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Patricia E Colgan 6/2/2015
Signature of Officer or Authorized Representative Date

PATRICIA E COLGAN
Print or Type Name of Officer or Authorized Representative

Current Secretary



Secretarial Certificate

I, Patricia E Colgan, of 55 Red Barn, East Greenwich, RI, do hereby certify that I am Secretary of the East Greenwich Citizens Who Care and that the persons serving as Officers holding the positions for the year of the attached annual report are unknown and the Secretary of the organization is unknown and/or not available to sign attached corresponding annual report for East Greenwich Citizens Who Care. Records for the years in question are not available to me.

Patricia E Colgan DATE 6/2/15

Patricia E Colgan

Current Secretary, East Greenwich Citizens Who Care

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