



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 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. 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 <u>ALL</u> OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name OFFICERS UNKNOWN Beth Hopkins		Vice-President Name UNKNOWN			
Street Address 250 Chestnut Drive		Street Address			
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Secretary Name UNKNOWN		Treasurer Name Beth Hopkins			
Street Address		Street Address 250 CHESTNUT DR			
City	State	Zip	City EAST GREENWICH	State RI	Zip 02818
7. LIST <u>ALL</u> DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name DIRECTORS UNKNOWN		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	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

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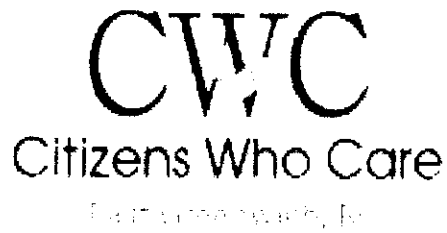
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Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Patricia E Colgan 6/2/15
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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SECRETARY OF STATE
CORPORATIONS DIV