



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**

2011

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. <b>000031458</b>		2. Exact name of the Corporation <b>East Greenwich Citizens Who Care</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>VOLUNTEER COALITION INVOLVED IN PROMOTING HEALTH AND WELLNESS EDUCATION AND PREVENTION PROGRAMS TO THE EAST GREENWICH COMMUNITY AND EG SCHOOL DEPARTMENT</b>			
5. Principal office address <b>PO BOX 1146</b>		City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>OFFICERS UNKNOWN</b>			Vice-President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>DIRECTORS UNKNOWN</b>			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.					

2015 JUN -4 AM 11:51  
 SECRETARY OF STATE  
 CORPORATION DIV

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: \_\_\_\_\_

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.

**FILED**

*Patricia E. Colgan* 6/2/15  
 Signature of Officer or Authorized Representative Date

JUN 04 2015

*Patricia E. Colgan*  
 Print or Type Name of Officer or Authorized Representative

FOR SECRETARY OF STATE USE ONLY

Form No. 631  
 Revised: 0-1/2014

BY *Ch 250220*  
 11:51

*Current Secretary*

**CWC**  
Citizens Who Care  
East Greenwich, RI

**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

SECRETARY OF STATE  
CORPORATIONS DIV  
2015 JUN -4 AM 11:51