

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

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2011

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 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. 2. Exact name of the Corporation East Greenwich Citizens Who Care 000031458 3. State of Incorporation 4. Brief description of the character of business conducted in Rhode Island **VOLUNTEER COALITION INVOLVED IN PROMOTING HEALTH AND WELLNESS** RI EDUCATION AND PREVENTION PROGRAMS TO THE EAST GREENWICH COMMUNITY AND FG SCHOOL DEPARTMENT ÷ City EAST GREENWICH 5. Principal office address Zip **02818** PO BOX 1146 RI 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) President Name Vice-President Name OFFICERS UNKNOWN Street Address Street Address City State Zip City State Zip Secretary Name Treasurer Name Street Address Street Address City State City Zip State Zip 7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) **Director Name** Director Name **DIRECTORS UNKNOWN** Street Address Street Address City State Zip City Zip State 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 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, File Date and that all statements contained herein are frue and correct. Check No _ Signature of Officer or Authorized Representative

Form No. 631 Revised: 04/2014

FOR SECRETARY OF STATE USE ONLY

Print or Type Name of Officer or Authorized Representative

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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

Current Secretary, East Greenwich Citizens Who Care

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