



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

2010

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.<br><b>000031458</b>                                                                                                                                       |       | 2. Exact name of the Corporation<br><b>East Greenwich Citizens Who Care</b>                                                                                                                                                                    |                     |                     |     |
| 3. State of Incorporation<br><b>RI</b>                                                                                                                                     |       | 4. Brief description of the character of business conducted in Rhode Island<br><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<br><b>PO BOX 1146</b>                                                                                                                          |       | City<br><b>EAST GREENWICH</b>                                                                                                                                                                                                                  | State<br><b>RI</b>  | Zip<br><b>02818</b> |     |
| 6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>                                                                               |       |                                                                                                                                                                                                                                                |                     |                     |     |
| President Name<br><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<br><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.                                                          |       |                                                                                                                                                                                                                                                |                     |                     |     |

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 Cm 2SD220

11:50

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.

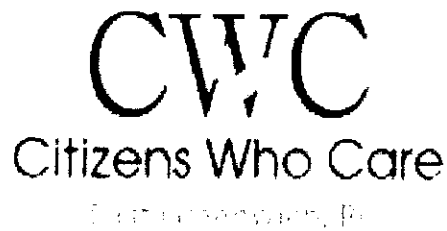
Signature of Officer or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative

Patricia Colgan  
Assistant Secretary

2015 JUN -4 AM 11:50  
STATE OF RHODE ISLAND  
CORPORATIONS DIV



**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

2015 JUN -4 AM 11:50  
SECRETARY OF STATE  
CORPORATIONS DIV