RI SOS Filing Number: 201562473620 Date: 06/04/2015 11:50 AM

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.	2. Exact name of the Corporation
000031458	**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	City	State	Zip
PO BOX 1146	**EAST GREENWICH**	**RI**	**02818**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	City	State	Zip	Vice-President Name	City	State	Zip
OFFICERS UNKNOWN							
Street Address				Street Address			
Secretary Name				Treasurer Name			
Street Address				Street Address			

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	City	State	Zip	Director Name	City	State	Zip
DIRECTORS UNKNOWN							
Street Address				Street Address			
Director Name				Director Name			
Street Address				Street Address			

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 250220
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.

Patricia E Colyn 6/3/15
Signature of Officer or Authorized Representative Date

PATRICIA COLYN
Print or Type Name of Officer or Authorized Representative

Current Secretary

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

121556-8-1010611

CWC

Citizens Who Care

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