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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

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
27999	Little Rhody Girls State Incorporated
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
Rhode Island	Government educational programfor juniors in high schools

5. Principal office address	City	State	Zip
55 Algonquin Drive	Warwick	RI	02888

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

President Name	Street Address	City	State	Zip
Cathy Card	24 Lear Drive	Coventry	RI	02816
Vice-President Name	**Street Address**	**City**	**State**	**Zip**
Karen Panzarell	21 Blanche Avenue	East Providence	RI	02914
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Beverly Burns	55 Algonquin Drive	Warwick	RI	02888
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Elaine Walmsley	263 Sandy Lane	Warwick	RI	02889

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

Director Name	Street Address	City	State	Zip
Lorraine Boucher	104 Buckeye Brook Rd	Charlestown	RI	02813
Director Name	**Street Address**	**City**	**State**	**Zip**
Sharon Demers	8 Border St.	West Warwick	RI	02893
Director Name	**Street Address**	**City**	**State**	**Zip**
Alishia Marasco	29 King Street	North Providence	RI	02911
Director Name	**Street Address**	**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

FILED
JUN 26 2015

File Date _____
Check No _____
By: _____ **BY** 1246

FOR SECRETARY OF STATE USE ONLY

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.

Beverly Burns 6/15/15
Signature of Officer or Authorized Representative Date

BEVERLY BURNS
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
122405-2-1044055