

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 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 na	me of the Corporation				
70225	Greater '	Greater Tiverton Community Chorus				
3. State of Incorporation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island				
Rhode Island	To bring	To bring Choral music to the community				
5. Principal office address 55 Quicksand Pond Rd			City Little Compton	State RI	Zip 02837	
6. LIST <u>ALL</u> OFFICERS (N	IAMES AND ADDI	RESSES) ("X" BOX FO				
President Name			Vice-President Name			
Susan Rood			Stephen Kirby			
Street Address 279 Polling Hill Pd			Street Address			
279 Rolling Hill Rd City	State	Zip	10 High Street	State	- Tip	
Portsmouth	RI	02871	City Barrington	RI	Zip 02806	
Secretary Name],		Treasurer Name	Į- -	02000	
Virginia Greenwood			Narda Snell	Narda Snell		
Street Address			Street Address	Street Address		
55 Quicksand Pond Rd			61 Sycamore Ln			
City	State	Zip	City	State	Zip	
Little Compton	RI	02837	Westport	MA	02790	
("X" BOX FOR ATTACH	(NAMES AND ADI MENT)	DRESSES). RHODE IS	LAND CORPORATIONS <u>MUST</u> LIS	ST NO LESS THAN	N THREE (3) DIRECTORS	
Director Name			Director Name			
Gayle Raposa			Rick StAmour			
Street Address 44 Harris Drive			Street Address 10 Highridge Terrace			
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878	
Director Name			Director Name			
Joanne Maxwell Bart	parito		Nicole Despres Osbor	<u>n</u>		
Street Address 480 Cornell Road			Street Address 170 Long Highway			
City	State	Zip	City	State	Zip	
Westport	MA	02790	Little Compton	RI	02837	
8. REGISTERED AGENT IN	RHODE ISLAND					
This information is curren	tly of record in th	e Office of the Secreta	ary of State. Changes require filing	g Form 641.		
This report must be signed b or Trustee	y either the Presid	ent, Vice-President, Se	cretary, Assistant Secretary, Treasur	er, duly Authorized	Representative, Receiver	
File Date		10'.18.	this report, including any			
		FILED	and that all statements co	ontained herein ar	e true and correct.	
Check No L- NAC !	ILOZ	JAN 0 7 20	- Varyious /-	runn	and 1/4/16	
SRETARY OF STATE	ATE USE ONLY	3v 26476	Signature of Officer or Auth	orized Representa	tive / Date	
SRETARY OF STATE	2E		VIII VIII AILLA	DEENIM	~ ^	
Form No. 63 \ ISO EV Revised: 04/2014			VIR 91N/A Print or Type Name of Office	er or Authorized Re	epresentative	