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 name of the Corporation
70225	**Greater Tiverton Community Chorus**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**To bring Choral music to the community**

5. Principal office address	City	State	Zip
55 Quicksand Pond Rd	**Little Compton**	**RI**	**02837**

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

President Name	Vice-President Name
Susan Rood	**Stephen Kirby**
Street Address: **279 Rolling Hill Rd**	Street Address: **10 High Street**
City: **Portsmouth** State: **RI** Zip: **02871**	City: **Barrington** State: **RI** Zip: **02806**
Secretary Name: **Virginia Greenwood**	Treasurer Name: **Narda Snell**
Street Address: **55 Quicksand Pond Rd**	Street Address: **61 Sycamore Ln**
City: **Little Compton** State: **RI** Zip: **02837**	City: **Westport** State: **MA** Zip: **02790**

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
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: **Joanne Maxwell Barbarito**	Director Name: **Nicole Despres Osborn**
Street Address: **480 Cornell Road**	Street Address: **170 Long Highway**
City: **Westport** State: **MA** Zip: **02790**	City: **Little Compton** State: **RI** Zip: **02837**

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 _____ 10:18 AM

Check No _____ FILED

By: _____ JAN 07 2016

FOR SECRETARY OF STATE USE ONLY By 264765

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.

Virginia Greenwood 1/4/16
Signature of Officer or Authorized Representative Date

VM VIRGINIA GREENWOOD
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014