



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Non-Profit Corporation
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000085867

2. Name of Corporation WEAVERS' GUILD OF RHODE ISLAND

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 156 FATIMA DRIVE

City or Town: BRISTOL

State: RI

Zip: 02809

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO STUDY AND PROMOTE THE ARTS OF HANDWEAVING, SPINNING, DYEING AND RELATED ACTIVITIES IN THE FIBER ARTS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
PRESIDENT	LINDA RHYNARD MS. First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country 156 FATIMA DRIVE BRISTOL, RI 02809 USA
TREASURER	SUSAN J SEYMOUR MS.	105 CHESTNUT ST. WRENTHAM, MA 02093 USA

DIRECTOR	BETH FITZPATRICK MS.	140 COOPER LN. EAST GREENWICH, RI 02818 USA
DIRECTOR	PAULETTE FERLAND MS.	480 WEST DEMELLO DR. TIVERTON, RI 02878 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

GRETCHEN WHITE 21 BOULDER DRIVE CAROLINA , RI 02812

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 29 Day of January, 2016 at 1:59:13 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By SUSAN SEYMOUR
Signature of Authorized Person

Form No. 631
Revised 09/07

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