



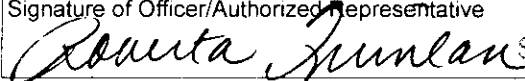
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID Number		2. Exact name of the Corporation			
000058404		EAST GREENWICH ACADEMY FOUNDATION			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		CHARITABLE WORK FOR CHILDREN AND FOR LOW INCOME HOUSING			
5. Principal Office Address		City	State	Zip	
98 PITMAN STREET		WARWICK	RI	02886	
6. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ROBERT HOUGHTALING		Vice-President Name JANET JOYCE			
Street Address 98 PITMAN STREET		Street Address 275 MOOSEHORN RD			
City WARWICK	State RI	Zip 02886	City EAST GREENWICH	State RI	Zip 02818
Secretary Name NONE		Treasurer Name ROBERTA QUINLAN			
Street Address		Street Address 2345 MIDDLE ROAD			
City	State	Zip	City EAST GREENWICH	State RI	Zip 02818
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☒					
Director Name MARC HARRISON		Director Name ROBERT LINDBERG			
Street Address 86 GRAND VIEW ST		Street Address 30 CEDAR POND DR			
City PROVIDENCE	State RI	Zip 02906	City WARWICK	State RI	Zip 02886
Director Name THOMAS R JOYCE		Director Name JEAN ANN GUILIANO			
Street Address 275 MOOSEHORN RD		Street Address 155 GRAND VIEW RD			
City EAST GREENWICH	State RI	Zip 02818	City EAST GREENWICH	State RI	Zip 02818
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative ROBERTA QUINLAN				Date 3 JUN 2016	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

FILED

JUN 08 2016

BY



ATTACHMENT TO FORM NO. 631 FOR ENTITY NO. 000058404

Dr. Lewis Dodley, 204 Sherborn Drive, Columbus OH 43219

Jayne Pawasauskas, 7 Greenhouse Road, Kingston RI 02881

Kelly Matson, 7 Greenwich House, Kingston RI 02881

Robert Baxter, 575 Centerville Road, Warwick RI 02886

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JUN 08 2016

BY

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