RI SOS Filing Number: 201600348170 Date: 06/08/2016 4:00 PM

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.

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

Name of Officer/Authorized Representative	Date
ROBERTA QUINLAN	3 JUN 2016

Signature of Officer/Authorized Representative
Roberta Quinlan SIGN DOCUMENT HERE

FILED
JUN 08 2016
BY 63205

Form No. 631
Revised: 2016
137877-11-1127572

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
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