RI SOS Filing Number: 201600718360 Date: 06/15/2016 4:00 PM

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

Annual Report for the year: 2016
Non-Profit Corporation

→ Filing period: June 1 - June 30
→ Filing Fee: $20.00
→ Penalty: Additional $25.00 fee if form is not filed by July 30.

1. Entity ID Number	2. Exact name of the Corporation
75465	GREATOR CAMP CONCERNED CITIZENS
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	GRASS ROOTS COMMUNITY ORGANIZATION

5. Principal Office Address	City	State	Zip
28 LOCUST STREET	PROVIDENCE	RI	02906

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: JOHN M. TWOMEY	Vice-President Name: IRENE TAYBER - TWOMEY
Street Address: 28 LOCUST ST	Street Address: 28 LOCUST ST
City: PROVIDENCE State: RI Zip: 02906	City: PROVIDENCE State: RI Zip: 02906
Secretary Name: IRENE TAYBER-TWOMEY	Treasurer Name: IRENE TAYBER - TWOMEY
Street Address: 28 LOCUST ST	Street Address: 28 LOCUST ST.
City: PROVIDENCE State: RI Zip: 02906	City: PROVIDENCE State: RI Zip: 02906

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: JOHN M. TWOMEY	Director Name: IRENE TAYBER - TWOMEY
Street Address: 28 LOCUST ST	Street Address: 28 LOCUST ST
City: PROV State: RI Zip: 02906	City: PROV State: RI Zip: 02906
Director Name: MARY SHAWCROSS	Director Name:
Street Address: 75 KNOWLES ST	Street Address:
City: PROV State: RI Zip: 02906	City: State: Zip:

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
IRENE TAYBER - TWOMEY	6-11-16

Signature of Officer/Authorized Representative

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BY 392

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

138163-1-1127470

FORM 631 - Revised: 05/2016