



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 2016

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. 1027264		2. Exact name of the Corporation EAST GREENWICH ART CLUB			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island TO PROMOTE ARTISTIC EDUCATION AND TO PROVIDE AWARDS TO SCHOOL CHILDREN			
5. Principal office address 48 VIRGINIA AVENUE		City EAST GREENWICH	State RI	Zip 02818	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name JOHN LALIBERTY			Vice-President Name SHARON D. EISMAN		
Street Address 48 VIRGINIA AVENUE			Street Address 57 BOKAR STREET		
City EAST GREENWICH	State RI	Zip 02818	City WARWICK	State RI	Zip 02886
Secretary Name JOYCE ANTONACCI			Treasurer Name RONALD JOSEPH		
Street Address 140 PARK VIEW AVENUE BLVD			Street Address 13 CARNIVAL TERRACE		
City CRAWSTON	State RI	Zip 02910	City WEST WARWICK	State RI	Zip 02893
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name JOHN LALIBERTY			Director Name LINDA EASTMAN		
Street Address 48 VIRGINIA AVENUE			Street Address 20 DIVISION RD.		
City EAST GREENWICH	State RI	Zip 02818	City WEST GREENWICH	State RI	Zip 02817
Director Name NANCY MORRETTI			Director Name		
Street Address 242 BURLINGAME RD.			Street Address		
City CRAWSTON	State RI	Zip 02921	City	State	Zip
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 _____
 Check No _____
 By: _____

FILED
 JUN 15 2016
 433 DS

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.

John Laliberty, President 5/17/2016
 Signature of Officer or Authorized Representative Date

JOHN LALIBERTY, PRESIDENT
 Print or Type Name of Officer or Authorized Representative