



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. <u>1027264</u>		2. Exact name of the Corporation <u>EAST GREENWICH ART CLUB</u>			
3. State of Incorporation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>TO PROMOTE ARTISTIC EDUCATION AND TO PROVIDE AWARDS TO SCHOOL CHILDREN</u>			
5. Principal office address <u>48 VIRGINIA AVENUE</u>		City <u>EAST GREENWICH</u>	State <u>RI</u>	Zip <u>02818</u>	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <u>JOHN LALIBERTY</u>		Vice-President Name <u>SHARON D. EISMAN</u>			
Street Address <u>48 VIRGINIA AVENUE</u>		Street Address <u>57 BOKAR STREET</u>			
City <u>EAST GREENWICH</u>	State <u>RI</u>	Zip <u>02818</u>	City <u>WARWICK</u>	State <u>RI</u>	Zip <u>02886</u>
Secretary Name <u>JOYCE ANTONACCI</u>		Treasurer Name <u>RONALD JOSEPH</u>			
Street Address <u>140 PARK VIEW AVE. BLVD</u>		Street Address <u>13 CARNIVAL TERRACE</u>			
City <u>CRAWSTON</u>	State <u>RI</u>	Zip <u>02910</u>	City <u>WEST WARWICK</u>	State <u>RI</u>	Zip <u>02893</u>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <u>JOHN LALIBERTY</u>		Director Name <u>LINDA EASTMAN</u>			
Street Address <u>48 VIRGINIA AVENUE</u>		Street Address <u>30 DIVISION RD.</u>			
City <u>EAST GREENWICH</u>	State <u>RI</u>	Zip <u>02818</u>	City <u>WEST GREENWICH</u>	State <u>RI</u>	Zip <u>02817</u>
Director Name <u>NANCY MORETTI</u>		Director Name			
Street Address <u>242 BURLINGAME RD.</u>		Street Address			
City <u>CRAWSTON</u>	State <u>RI</u>	Zip <u>02921</u>	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: _____

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BY 633 DS

FILED

JUN 15 2016

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