



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			
156211		GREGG'S GIVING TREE, INC.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
Rhode Island		solicit toys and Christmas gifts to distribute to children at Christmas			
5. Principal Office Address		City	State	Zip	
214B Main Street		East Greenwich	RI	02818	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BOBBIE L. BACON			Vice-President Name H. ROBERT BACON		
Street Address 891 South Road			Street Address 891 South Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name JOHN D. BIAFORE			Treasurer Name BOBBIE L. BACON		
Street Address 478A Broadway			Street Address 891 South Road		
City Providence	State RI	Zip 02909	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 <input type="checkbox"/>					
Director Name BOBBIE L. BACON			Director Name H. ROBERT BACON		
Street Address 891 South Road			Street Address 891 South Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name JOHN D. BIAFORE			Director Name		
Street Address 257 Highland Avenue			Street Address		
City Warwick	State RI	Zip 02886	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Bobbie L. Bacon				Date 6/13/16	
Signature of Officer/Authorized Representative <i>Bobbie L. Bacon</i>				SIGN DOCUMENT HERE	

FILED

JUN 17 2016

BY

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