



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/business

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. 37949		2. Exact name of the Corporation The National American Glass Club			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island To promote the study and appreciation of all types of glass			
5. Principal office address 2374 Post Road, Suite 105		City Warwick		State RI	Zip 02886
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Gay LeCleire Taylor		Vice-President Name Kevin Sives			
Street Address 245 Marshalville Road		Street Address 34 Maryvale Drive			
City Woodline	State NJ	Zip 08270	City Apalachin	State NY	Zip 13732
Secretary Name Lindsay Parrott		Treasurer Name John Kohut			
Street Address 5-26 46th Avenue		Street Address P.O. Box 24			
City Long Island	State NY	Zip 11101	City Elkland	State PA	Zip 16920
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 James Davidson		Director Name Jeanne Kokx			
Street Address 200 Glenwood Road		Street Address 715 Constance Boulevard, NE			
City Bel Air	State MD	Zip 21014	City Ham Lake	State MN	Zip 55304
Director Name Judith Baker		Director Name Art Reed			
Street Address 50 Melville Avenue		Street Address 6411 Fall Clove Road			
City Dorchester	State MA	Zip 02124	City Delancey	State NY	Zip 13752
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, Receiver or Trustee

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer *Gay LeCleire Taylor* Date *6/29/16*

Gay LeCleire Taylor

Print or Type Name of Officer

President

Title of Officer

FILED
JUL 13 2016
BY *1049*

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

Corporate I.D. No. 37949

**ATTACHMENT TO THE
2016 NON-PROFIT CORPORATION ANNUAL REPORT
FOR**

The National American Glass Club

6. Names and Addresses of the Officers (CONTINUED):

Second Vice President
Art Reed
6411 Fall Clove Road
Dalancey, NY 13752

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JUL 13 2016
BY 