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.	2. Exact name of the Corporation
512776	East Greenwich Democratic Town Committee
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	Conducting and promoting political and civic activities

5. Principal office address	City	State	Zip
10 Pricewood Drive	East Greenwich	RI	02818

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Thomas C. Plunkett					
Street Address			Street Address		
10 Pricewood Drive					
City	State	Zip	City	State	Zip
East Greenwich	RI	02818			
Secretary Name			Treasurer Name		
Eugene Quinn			Thomas C. Plunkett		
Street Address			Street Address		
260 Middle Road			10 Pricewood Drive		
City	State	Zip	City	State	Zip
East Greenwich	RI	02818	Cranston	RI	02818

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Thomas C. Plunkett			Mark Schwager		
Street Address			Street Address		
10 Pricewood Drive			1425 Diplomat Drive		
City	State	Zip	City	State	Zip
East Greenwich	RI	02818	East Greenwich	RI	02818
Director Name			Director Name		
Caroline Stouffer					
Street Address			Street Address		
490 Carrs Pond Road					
City	State	Zip	City	State	Zip
East Greenwich	RI	02818			

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: _____

FOR SECRETARY OF STATE USE ONLY

FILED
DEC 27 2016
BY 10211

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 or Authorized Representative — Date 12/21/16

Thomas C. Plunkett
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014