



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

ST
 171

Annual Report for the year: 2016

Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number 000124259		2. Exact name of the Corporation NORTH KINGSTOWN CHAMBER OF COMMERCE CHARITABLE FOUNDATION, INC			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island SUPPORT LOCAL SCHOOLS, FOOD PANTRY, SCHOLARSHIPS			
5. Principal Office Address 8045 POST RD			City NORTH KINGSTOWN	State RI	Zip 02852
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name TERI OHS		Vice-President Name THOMAS GRENNAN			
Street Address 40 OAKLAND AVENUE		Street Address 51 JENKINS CT			
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Secretary Name BRENDA RICCI		Treasurer Name SAME AS SECY			
Street Address 180 PLAIN ROAD		Street Address			
City NORTH KINGSTOWN	State RI	Zip 02852	City	State	Zip
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 PETER ATKIN		Director Name THOMAS GRENNAN			
Street Address 61 EXETER RD.		Street Address 51 JENKINS CT			
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
Director Name KARLA DRISCOLL		Director Name TERI OHS			
Street Address 54 BAKER WAY		Street Address 40 OAKLAND AVENUE			
City NORTH KINGSTOWN	State RI	Zip 02852	City NORTH KINGSTOWN	State RI	Zip 02852
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<i>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.</i>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative THOMAS J GRENNAN				Date 2/10/17	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

FEB 13 2017

BY 171