



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

Annual Report for the year: _____
Non-Profit Corporation

2017

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 BUS SVCS DIV

2017 MAR 24 PM 12: 57

- 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 000566581		2. Exact name of the Corporation Girls Rock! Rhode Island			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island To provide opportunities for girls and women to express themselves through music and become independent creators of culture			
5. Principal Office Address PO Box 3475		City Providence	State RI	Zip 02909	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Geoff Griffin		Vice-President Name Delia Kouac			
Street Address 36 Langham Rd		Street Address 164 Calla Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02905
Secretary Name Neelia Khan		Treasurer Name Kyle McDonald			
Street Address 9 Slocum Street		Street Address 175 Bartlett Ave			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02905
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	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.					
<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 Geoff Griffin				Date 3.23.17	
Signature of Officer/Authorized Representative <i>Geoff Griffin</i>					

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 Website: www.sos.ri.gov

FILED
 12:59 MAR 24 2017
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