



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

**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.

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1. Entity ID Number <b>000566581</b>		2. Exact name of the Corporation <b>Girls Rock! Rhode Island</b>	
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>To provide opportunities for girls and women to express themselves through music and become independent creators of culture</b>	
5. Principal Office Address <b>PO Box 3475</b>		City <b>Providence</b>	State <b>RI</b>
		Zip <b>02909</b>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Geoff Griffin</b>		Vice-President Name <b>Delia Kowac</b>	
Street Address <b>36 Langham Rd</b>		Street Address <b>164 Calla Street</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02906</b>		Zip <b>02905</b>	
Secretary Name <b>Nealia Khan</b>		Treasurer Name <b>Kyle MacDonald</b>	
Street Address <b>9 Slocum Street</b>		Street Address <b>175 Bartlett Ave</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>
Zip <b>02909</b>		Zip <b>02905</b>	
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<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 <b>Geoff Griffin</b>			Date <b>3.23.17</b>
Signature of Officer/Authorized Representative <i>Geoff Griffin</i>			

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 BY *JP 299160*

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