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

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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	2. Exact name of the Corporation
000566581	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	City	State	Zip
PO Box 3475	Providence	RI	02909

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Geoff Griffin	Delia Kovac
Street Address: 36 Langham Rd	Street Address: 164 Calla Street
City: Providence; State: RI; Zip: 02906	City: Providence; State: RI; Zip: 02905
Secretary Name: Nealia Khan	Treasurer Name: Kyle MacDonald
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 ☒

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.

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.

Name of Officer/Authorized Representative	Date
Geoff Griffin	3.23.17

Signature of Officer/Authorized Representative

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

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BY 299160

FORM 631 - Revised: 02/2017

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