



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

Annual Report for the year:

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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R.I. DEPT. OF STATE
BUSINESS SERVICES DIVISION

1. Entity ID Number 300267		2. Exact name of the Corporation NEW ENGLAND STEEL GUITAR ASSOC	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island HAVE MEETINGS DONATE MONEY TO MEETING ST - VETERANS + SOME WITH HANDSHIPS HAVE STEEL GUITAR FUNCTIONS	
4. NAICS Code 813990			
6. Principal Office Address PO BOX 831 - BORDHARD AVE		City GREENVILLE	State RI
		Zip 02828	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name VINCENT DOYLE		Vice-President Name DAVID JOHNSON	
Street Address PO BOX 831		Street Address 81 SHERWOOD VALLEY LANE 18	
City GREENVILLE	State RI	City COVENTRY	State RI
Zip 02828		Zip 02816	
Secretary Name PATRICIA DOYLE		Treasurer Name PATRICIA DOYLE	
Street Address PO BOX 831		Street Address PO BOX 831	
City GREENVILLE	State RI	City GREENVILLE	State RI
Zip 02828		Zip 02828	
8. 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 FRANK GOULART		Director Name IRENE COURNOYER	
Street Address 737 METACOM AVE		Street Address 63 LANE A	
City BRISTOL	State RI	City COVENTRY	State RI
Zip 02809		Zip 02816	
Director Name FLU CROMPTON		Director Name	
Street Address 2 ISLAND DR		Street Address	
City COVENTRY	State RI	City	State
Zip 02816		Zip	
9. 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 PATRICIA DOYLE			Date 6/2/17
Signature of Officer/Authorized Representative Patricia Doyle			

FILED

JUN 02 2017

BY 305071