


STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR2017

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 58404		2. Exact name of the Corporation East Greenwich Academy Foundation			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Charitable work for children and their families.			
5. Principal office address 98 Pitman Road		City Warwick	State RI	Zip 02886	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert L. Houghtaling			Vice-President Name Thomas Joyce		
Street Address 98 Pitman Road			Street Address 275 Moosehorn Road		
City Warwick	State RI	Zip 02886	City East Greenwich	State RI	Zip 02818
Secretary Name Elaine Arts			Treasurer Name Roberta Quinlan		
Street Address 98 Pitman Road			Street Address 2345 Middle Road		
City Warwick	State RI	Zip 02886	City East Greenwich	State RI	Zip 02886
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Robert Lindberg			Director Name Janet Joyce		
Street Address 27 Cowesett Avenue			Street Address 275 Moosehorn Road		
City West Warwick	State RI	Zip 02893	City East Greenwich	State RI	Zip 02818
Director Name Elaine Arts			Director Name		
Street Address 98 Pitman Road			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative

FILED

JUN 27 2017

BY

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