RI SOS Filing Number: 201746943510 Date: 6/30/2017 4:00:00 PM

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

Annual Report for the year: 2017
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
75465	GREATOR OAMP CONCERNED CITIZENS
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: GRASS ROOTS COMMUNITY ORGANIZATION
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
28 LOCUST STREET	PROVIDENCE	RI	02906

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

President Name	Vice-President Name
JOHN M. TWOMEY	IRENE TAYBER-TWOMEY
Street Address: 28 LOCUST ST	Street Address: 28 LOCUST ST
City: PROVIDENCE State: RI Zip: 02906	City: PROVIDENCE State: RI Zip: 02906
Secretary Name	**Treasurer Name**
IRENE TAYBER-TWOMEY	IRENE TAYBER-TWOMEY
Street Address: 28 LOCUST ST	Street Address: 28 LOCUST ST
City: PROVIDENCE State: RI Zip: 02906	City: PROVIDENCE State: RI Zip: 02906

8. 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
JOHN M. TWOMEY	IRENE TAYBER-TWOMEY
Street Address: 28 LOCUST ST	Street Address: 28 LOCUST ST
City: PROVIDENCE State: RI Zip: 02906	City: PROVIDENCE State: RI Zip: 02906
Director Name: MARY SHAWCROSS	Director Name:
Street Address: 75 KNOWLES ST	Street Address:
City: PROVIDENCE State: RI Zip: 02906	City: State: 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	Date
IRENE TAYBER-TWOMEY	6-28-2017

Signature of Officer/Authorized Representative

FILED
JUN 30 2017
BY 393

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

FORM 631 - Revised: 06/2017