



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 75465		2. Exact name of the Corporation GREATOR CAMP 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 28 LOCUST STREET		City PROVIDENCE	State RI	Zip 02906	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name JOHN M. TWOMEY		Vice-President Name 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 IRENE TAYBER-TWOMEY		Treasurer Name 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. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name JOHN M. TWOMEY		Director Name 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 IRENE TAYBER-TWOMEY					Date 6-28-2017
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

FILED

JUN 30 2017

BY

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FORM 631 - Revised: 06/2017