



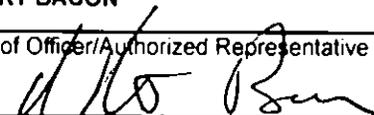
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

FOR
SECRETARY OF STATE
USE ONLY

Annual Report for the year: 2018
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 156211		2. Exact name of the Corporation GREGG'S GIVING TREE, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island solicit toys and Christmas gifts to distribute to children at Christmas			
4. NAICS Code 813990 - Other Similar Organiz:					
6. Principal Office Address 214B Main Street		City East Greenwich	State RI	Zip 02818	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name BOBBIE L. BACON			Vice-President Name H. ROBERT BACON		
Street Address 891 South Road			Street Address 891 South Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name JOHN D. BIAFORE			Treasurer Name BOBBIE L. BACON		
Street Address 478A Broadway			Street Address 891 South Road		
City Providence	State RI	Zip 02909	City East Greenwich	State RI	Zip 02818
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 BOBBIE L. BACON			Director Name H. ROBERT BACON		
Street Address 891 South Road			Street Address 891 South Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name JOHN D. BIAFORE			Director Name		
Street Address 257 Highland Avenue			Street Address		
City Warwick	State RI	Zip 02886	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative H. ROBERT BACON				Date 6/10/18	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE FILED	

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

JUN 15 2018
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