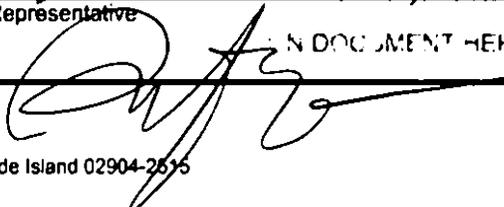




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 75465		2. Exact name of the Corporation GREATER 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). Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN M. TWOMEY			Vice-President Name IRENE TAYBER-TWOMEY		
Street Address 28 LOCUST STREET			Street Address 28 LOCUST STREET		
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 STREET			Street Address 28 LOCUST STREET		
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 <input type="checkbox"/>					
Director Name JOHN M. TWOMEY			Director Name IRENE TAYBER-TWOMEY		
Street Address 28 LOCUST STREET			Street Address 28 LOCUST STREET		
City PROVIDENCE	State RI	Zip 02906	City PROVIDENCE	State RI	Zip 02906
Director Name MARY STANCROSS			Director Name		
Street Address 75 KNOWLES STREET			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.					
<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 IRENE TAYBER-TWOMEY					Date 6-18-2018
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2676
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

IN DOCUMENT HERE

FILED 

JUN 21 2018

BY 394 FORM 631 - Revised: 11/2017