



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 26289		2. Exact name of the Corporation Narragansett Bay Quilters Association	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To revive the art of quilting	
4. NAICS Code 813910 - Business Association:			
6. Principal Office Address 1291 Middle Road		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 Geri Bergreen		Vice-President Name Celia Schnacky	
Street Address 36 Butler Street		Street Address 36 Blackmore Street	
City Cranston	State RI	City East Greenwich	State RI
Zip 02920		Zip 02818	
Secretary Name Nina Ashworth		Treasurer Name Susan Ellis	
Street Address 4 Barbara Court		Street Address 1291 Middle Road	
City Johnston	State RI	City East Greenwich	State RI
Zip 02919		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 Hope Barton		Director Name Anne Sabatini	
Street Address 472 Allenhill Road		Street Address 61 Plaza Street	
City Brooklyn	State CT	City Cranston	State RI
Zip 06234		Zip 02920	
Director Name Joan Potter		Director Name Louise Pankiewicz	
Street Address 264 Sutton Avenue		Street Address 55 Island Drive	
City East Providence	State RI	City Coventry	State RI
Zip 02914		Zip 02816	
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 Susan E Ellis			Date 06/21/2018
Signature of Officer/Authorized Representative <i>Susan E. Ellis</i> SIGN DOCUMENT HERE			

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

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 JUN 25 2018
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