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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	2. Exact name of the Corporation				
26289	Narragansett Bay Quilters Association				
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island				
RI .	To revive the art of quilting				
4. NAICS Code	7				
813910 - Business Associations	. [_			
6. Principal Office Address			City	State Zip	
1291 Middle Road		East Greenwich			
7. List ALL officers (names and addresses) Check the box to indicate an attachment					
President Name Geri Bergreen			Vice-President Name Celia Schnacky		
Street Address 36 Butler Street			Street Address 36 Blackmore Street		
City Cranston	State RI	Zip 02920	City East Greenwich	State RI Zip 02818	
Secretary Name Nina Ashworth			Treasurer Name Susan Ellis		
Street Address 4 Barbara Court		Street Address 1291 Middle Road			
Crty Johnston	State RI	Zip 02919	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					
Director Name Hope Barton			Director Name Anne Sabatini		
Street Address 472 Allenhill Road			Street Address 61 Plaza Street		
City Brooklyn	State CT	Zip 06234	City Cranston	State RI Zip 02920	
Director Name Joan Potter	<u> </u>		Director Name Louise Pankiewic	z	
Street Address 264 Sutton Avenue		Street Address 55 Island Drive			
City East Providence	State RI	Zip 02914	City Coventry	State RI 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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative			Date		
Susan E Ellis			06/21/2018		
Signature of Officer/Authorized Representative 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

FORM 631 - Revised: 11/2017