



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 58404		2. Exact name of the Corporation East Greenwich Academy Foundation	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Charitable work for children and their families.	
4. NAICS Code 624110 - Child and Youth Servi			
6. Principal Office Address 98 Pitman Road		City Warwick	State RI
		Zip 02886	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Robert L. Houghtaling		Vice-President Name Thomas Joyce	
Street Address 98 Pitman Road		Street Address 275 Mooshorn Road	
City Warwick	State RI	City East Greenwich	State RI
Zip 02886		Zip 02818	
Secretary Name Elaine A. Arts		Treasurer Name Bobbette Guindon	
Street Address 98 Pitman Road		Street Address 2345 Middle Road	
City Warwick	State RI	City East Greenwich	State RI
Zip 02886		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 Robert Lindberg		Director Name Robert Siminisi	
Street Address 27 Cowsett Avenue		Street Address 40 Ivy Garden Way	
City West Warwick	State RI	City East Greenwich	State RI
Zip 02893		Zip 02818	
Director Name Janet Joyce		Director Name	
Street Address 275 Mooshorn Road		Street Address	
City East Greenwich	State RI	City	State
Zip 02886		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 Robert L. Houghtaling			Date 6-28-2018
Signature of Officer/Authorized Representative			

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

JUL 02 2018

BY 132.05

FORM 631 - Revised: 11/2017