



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 <b>001676910</b>		2. Exact name of the Corporation <b>East Greenwich News</b>			
3. State of Incorporation <b>R.I.</b>		5. Brief description of the character of business conducted in Rhode Island <b>To inform and educate the people of East Greenwich about happenings in our town.</b>			
4. NAICS Code <b>813990</b>					
6. Principal Office Address <b>18 Prospect St., R.I. 02818</b>			City <b>E. Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Elizabeth McNamara</b>			Vice-President Name		
Street Address <b>18 Prospect St.</b>			Street Address		
City <b>E. Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Secretary Name			Treasurer Name <b>Mike Balsano</b>		
Street Address			Street Address <b>1675 So. Co. Trail</b>		
City	State	Zip	City <b>E. Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Odessa Cozzolino</b>			Director Name <b>Alan Clarke</b>		
Street Address <b>228 Spring St.</b>			Street Address <b>P.O. Box 27</b>		
City <b>E.G.</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>E.G.</b>	State <b>RI</b>	Zip <b>02818</b>
Director Name <b>Mike Balsano</b>			Director Name		
Street Address <b>1675 So. Co. Trail</b>			Street Address		
City <b>E.G.</b>	State <b>RI</b>	Zip <b>02818</b>	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.					
<b>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.</b>					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative <b>Elizabeth F. McNamara</b>				Date <b>1/31/19</b>	
Signature of Officer/Authorized Representative <b>Elizabeth F. McNamara</b>				<b>FILED</b>	

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-2040

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