



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 001676910		2. Exact name of the Corporation East Greenwich News			
3. State of Incorporation R.I.		5. Brief description of the character of business conducted in Rhode Island To inform and educate the people of East Greenwich about happenings in our town.			
4. NAICS Code 813990					
6. Principal Office Address 18 Prospect St., R.I. 02818			City E. Greenwich	State RI	Zip 02818
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Elizabeth McNamara			Vice-President Name		
Street Address 18 Prospect St.			Street Address		
City E. Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name			Treasurer Name Mike Balsano		
Street Address			Street Address 1675 So. Co. Trail		
City	State	Zip	City E. 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 <input type="checkbox"/>					
Director Name Odessa Cozzolino			Director Name Alan Clarke		
Street Address 228 Spring St.			Street Address P.O. Box 27		
City E.G.	State RI	Zip 02818	City E.G.	State RI	Zip 02818
Director Name Mike Balsano			Director Name		
Street Address 1675 So. Co. Trail			Street Address		
City E.G.	State RI	Zip 02818	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.					
<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 Elizabeth F. McNamara				Date 1/31/19	
Signature of Officer/Authorized Representative Elizabeth F. McNamara				FILED	

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

FEB 04 2019

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