



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2019
 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

FILED STAMP
 MAY 15 2019
 BY JN OS

1. Entity ID Number <u>858117</u>		2. Exact name of the Corporation <u>Weavers Guild of Rhode Island</u>			
3. State of Incorporation <u>RI</u>		5. Brief description of the character of business conducted in Rhode Island <u>WGRI - Our goal is to promote the understanding & practice of the art & craft of weaving both for its members & the public</u>			
4. NAICS Code <u>611610</u>					
6. Principal Office Address <u>21 Boulder Dr</u>			City <u>Carolina</u>	State <u>RI</u>	Zip <u>02812</u>
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <u>Mary Brunell</u>		Vice-President Name <u>Lynn Morriseau</u>			
Street Address <u>1085 Hill Road</u>		Street Address <u>41 Ingraham Street</u>			
City <u>Pascoag</u>	State <u>RI</u>	Zip <u>02859</u>	City <u>Attleboro</u>	State <u>MA</u>	Zip <u>02703</u>
Secretary Name <u>Liz Hill</u>		Treasurer Name <u>Gretchen White</u>			
Street Address <u>90 Allen Avenue</u>		Street Address <u>21 Boulder Drive</u>			
City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>Carolina</u>	State <u>RI</u>	Zip <u>02812</u>
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 <u>Mary Brunell</u>		Director Name <u>Lynn Morriseau</u>			
Street Address <u>as above</u>		Street Address <u>as above</u>			
City	State	Zip	City	State	Zip
Director Name <u>Liz Hill</u>		Director Name <u>Gretchen White</u>			
Street Address <u>as above</u>		Street Address <u>as above</u>			
City	State	Zip	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 <u>Gretchen White</u>				Date <u>5/11/19</u>	
Signature of Officer/Authorized Representative <u>Gretchen White</u>				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