RI SOS Filing Number: 201995315500 Date: 6/4/2019 4:00:00 PM

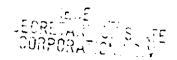


State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: Non-Profit Corporation

2019
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2019 JUN -4 PH 1: 56

-> Filing period: June 1 - June 30

→ Filing Fee: \$20.00

-> Penalty: Additional \$25.00 fee if form is not filed by July 30.

	<del></del>			·····		
1. Entity ID Number	2. Exact name of the Corporation					
300 267	NEW ENGLAND STEEL GULTAR ASSOC.					
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island					
RHODE ISLAND	HAVE MEET INGS					
4. NAICS Code	STEEL GUITAR FUNCTIONS					
4. IANICS CODE						
813 990 DOWATE TO MEETING STREET AND VETERANS						
6. Principal Office Address			City	State	Zip	
13 ORCHARO A	3 ORCHARO AVE			R#	02828	
7. List ALL officers (names and addresses)  Check the box to indicate an attachment						
President Name VIWCENT DOYLE			Vice-President Name DAVID TO HWSOW			
Street Address			Street Address			
13 ORCHARO AVE			81 SHERWOOD UNLLEY LANE 18			
CIN GREEN VILLE	State 72	Zip ウンタスタ	COVENTRY	State P	Zip 02816	
Secretary Name		<u> </u>	Treasurer Name	1 (		
PATRICIA DOYLE			PHTRICIA DOYLE			
Street Address 13 0 PCHARO AVE			Street Address 13 ONCHAND AVE			
City _	State	Zip 02828	City	State	Zip	
GREENVILLE	RF	02828	CHEEN VILLE	RT	Zip 02828	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment						
Director Name FLAWE GOULART			Director Name BANBARK DUQUETTE			
Street Address			Street Address			
737 MET ACOM AVE			14 MAINE ST			
City BRISTOL	State 12-3-	Zip OLSU9	City COVENTRY	State RIF	Zip 02816	
Director Name			Director Name			
FLU CROMPT						
Street Address 2 15LAW UR			Street Address			
City	State	Zip	City	State	Zip	
COVENTRY	V.F	02816	City	State		
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				Date 6-3-19		
Signature of Officer/Authorized Representative						
Signature of Officer/Authorized Representative  Cathern Doyle  SIGN DOCFILED ERE						

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUN 0 4 2019

