



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

Annual Report for the year:
Non-Profit Corporation

2019

- Filing period: June 1 - June 30
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

SECRETARY OF STATE
CORPORATIONS DIVISION

2019 JUN -4 PM 1:56

1. Entity ID Number 300267		2. Exact name of the Corporation NEW ENGLAND STEEL GUITAR ASSOC.	
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island HAVE MEETINGS STEEL GUITAR FUNCTIONS DONATE TO MEETING STREET AND VETERANS	
4. NAICS Code 813990			
6. Principal Office Address 13 ORCHARD AVE		City GREENVILLE	State RI
		Zip 02828	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name VINCENT DOYLE		Vice-President Name DAVID JOHNSON	
Street Address 13 ORCHARD AVE		Street Address 81 SHERWOOD VALLEY LANE 18	
City GREENVILLE	State RI	City COVENTRY	State RI
Zip 02828		Zip 02816	
Secretary Name PATRICIA DOYLE		Treasurer Name PATRICIA DOYLE	
Street Address 13 ORCHARD AVE		Street Address 13 ORCHARD AVE	
City GREENVILLE	State RI	City GREENVILLE	State RI
Zip 02828		Zip 02828	
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 FRANK GOULART		Director Name BARBARA DUQUETTE	
Street Address 137 METACOM AVE		Street Address 14 MAINE ST	
City BRISTOL	State RI	City COVENTRY	State RI
Zip 02807		Zip 02816	
Director Name FLO CROMPTON		Director Name	
Street Address 2 ISLAND DR		Street Address	
City COVENTRY	State RI	City	State
Zip 02816		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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative PATRICIA DOYLE			Date 6-3-19
Signature of Officer/Authorized Representative Patricia Doyle			

SIGN DOC **FILED** 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

JUN 04 2019

BY **MPXW6**