



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

SECRETARY OF STATE
 CORPORATIONS DIVISION

Annual Report for the year: 2019
 Non-Profit Corporation

2019 JUN -4 PM 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.

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 LAKE 18		
City GREENVILLE	State RI	Zip 02828	City COVENTRY	State RI	Zip 02816
Secretary Name PATRICIA DOYLE			Treasurer Name PATRICIA DOYLE		
Street Address 13 ORCHARD AVE			Street Address 13 ORCHARD AVE		
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	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 MAIRE ST		
City BRISTOL	State RI	Zip 02807	City COVENTRY	State RI	Zip 02816
Director Name FLO CROMPTON			Director Name		
Street Address 2 ISLAND DR			Street Address		
City COVENTRY	State RI	Zip 02816	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.					
<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 <i>Patricia Doyle</i>					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

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