RI SOS Filing Number: 201996060490 Date: 6/7/2019 4:00:00 PM

## Department of State - Business Services Division

## Annual Report for the year: Non-Profit Corporation

2019

JUN 07 2019

**FILED** 

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

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

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1. Entity ID Number 000026289		2. Exact name of the Corporation  Narragansett Bay Quilters Association				
State of Incorporation     RI		Brief description of the character of business conducted in Rhode Island     To revive the art of quilting				
4. NAICS Code 813910						
6. Principal Office Address  1291 Middle Road			City East Greenwich	State RI	Zip 02818	
7. List ALL officers (names and a	addresses)			Check the box to indic	ate an attachment	
President Name Geri Bergreer	1	·	Vice-President Name Celia Schnacky			
Street Address 36 Butler Street			Street Address 36 Blackmore Street			
City Cranston	State RI	Zip <b>02920</b>	City East Greenwich	State RI	Zip <b>02818</b>	
Secretary Name Nina Ashworth			Treasurer Name Susan Ellis			
Street Address 4 Barbara Court			Street Address 1291 Middle Road			
City Johnston	State RI	Zip <b>02919</b>	City East Greenwich	State RI	Zip <b>02818</b>	
8. List ALL directors (names and	addresses). RI C	orporations MUST	list at least THREE directors.	Check the box to indic	cate an attachment	
Director Name Hope Barton			Director Name Anne Sabatini			
Street Address 472 Allenhill Road			Street Address 61 Plaza Street			
City Brooklyn	State CT	Zip <b>06234</b>	City Cranston	State RI	Zip <b>02920</b>	
Director Name Joan Potter	•		Director Name Louise Pankiewicz			
Street Address 264 Sutton Ave			Street Address 55 Island Drive			
City East Providence	State RI	Zip <b>02914</b>	City Coventry	State RI	Zip <b>02816</b>	
9. Registered Agent in Rhode Is	land. This information	on is currently of reco	rd in the Department of State. Chang	ges require filing Form 6	41.	
Under penalty of perjury, I dec statements, and that all states			ed this report, including any ac d correct.	companying sched	ules and	
This report must be signed by either the I	President, Vice-Preside	nt. Secretary, Assistant S	Secretary, Treasurer, duly Authorized Repr	resentative, Receiver or Tru	stee	
Name of Officer/Authorized Rep Susan E Ellis	resentative			Date 06/04/2019		
Signature of Officer/Authorized F	Representative	sign doc	CUMENT HERE			

WAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040