



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

JUN 10 2019

9Y

1309

1. Entity ID Number 31214		2. Exact name of the Corporation Rhode Island Writers' Guild			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island The Development of Literary Arts and their Publication			
4. NAICS Code 813990 - Other Similar Or <input type="checkbox"/>					
6. Principal Office Address 77 Homestead Avenue		City Warwick		State RI	Zip 02889
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Frances Dyer			Vice-President Name Helen E Antonizio		
Street Address 77 Homestead Avenue			Street Address 23 Oak Tree Drive		
City Warwick	State RI	Zip 02889	City Johnston	State RI	Zip 02919
Secretary Name James W Dyer			Treasurer Name James W Dyer		
Street Address 134 Westmoreland Street			Street Address 134 Westmoreland Street		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
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 Frances Dyer			Director Name Helen E Antonizio		
Street Address 77 Homestead Avenue			Street Address 23 Oak Tree Drive		
City Warwick	State RI	Zip 02889	City Johnston	State RI	Zip 02919
Director Name James W Dyer			Director Name		
Street Address 134 Westmoreland Street			Street Address		
City Narragansett	State RI	Zip 02882	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.					
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 James W Dyer				Date 6/6/19	
Signature of Officer/Authorized Representative <i>James W. Dyer</i>				SIGN DOCUMENT HERE	