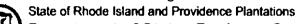
RI SOS Filing Number: 201996206690



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

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

2019

FILED

Date: 6/10/2019 4:00:00 PM

JUN 1 0 2019 OV

→ Filing period: June 1 - June 30 → Filing Fee: \$20.00

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

8Y 1309	
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1. Entity ID Number	2. Exact name of the Corporation						
31214	Rhode Island Writers' Guild						
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island						
Rhode Island	The Developement of Literary Arts and their Publication						
4. NAICS Code							
813990 - Other Similar Or							
6. Principal Office Address			City	State	Zip		
77 Homestead Avenue			Warwick	RI	02889		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
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	<sup>Zip</sup> <b>02889</b>	City Johnston	State RI	<sup>Zip</sup> <b>02919</b>		
Secretary Name James W Dyer			Treasurer Name James W Dyer				
Street Address 134 Westmoreland Street			Street Address 134 Westmoreland Street				
City Narragansett	State RI	<sup>Zip</sup> 02882	<sup>City</sup> Narragansett	State RI	<sup>Zip</sup> 02882		
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment							
Director Name Frances Dyer			Director Name Helen E Antonizio				
Street Address 77 Homestead Avenue			Street Address 23 Oak Tree Drive				
City Warwick	State RI	<sup>Zip</sup> 02889	City Johnston	State RI	<sup>Zip</sup> 02919		
Director Name James W Dyer			Director Name				
Street Address 134 Westmoreland Street			Street Address				
<sup>City</sup> Narragansett	State RI	<sup>Zip</sup> 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				Date			
James W Dyer 6/6/19							
Signature of Officer/Authorized Representative  SIGN DOCUMENT 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