



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

BY 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.							
<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 James W Dyer					Date 6/6/19		
Signature of Officer/Authorized Representative 					SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov