

FILED

JUN 14 2019

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.
 Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 152493		2. Exact name of the Corporation Greenwich Bay Women's Club	
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island We are a group of women that hold fundraisers during the year and donate the money to charity.	
5. Principal office address P.O. Box 67		City (813219) East Greenwich	State RI
		Zip 02818	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Jane Flowers		Vice-President Name Elaine VespiA	
Street Address 68 Cindy Ann Dr.		Street Address 155 Shippcetown Road	
City E-Greenwich	State RI	Zip 02818	City E-Greenwich
			State RI
			Zip 02818
Secretary Name Janet Kenney		Treasurer Name Cate Boyle	
Street Address 39 Old Pine Road		Street Address 24 Hillbridge Dr.	
City Narragansett	State RI	Zip 02882	City E-Greenwich
			State RI
			Zip 02818
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Lynne Wolf		Director Name Melinda Bates	
Street Address 7 Coweside Court		Street Address 79 Birchwood Way	
City Warwick	State RI	Zip 02818	City E-Greenwich
			State RI
			Zip 02818
Director Name Lisa Johnson		Director Name	
Street Address 69 Birchwood Way		Street Address	
City E-Greenwich	State RI	Zip 02818	City
			State
			Zip
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

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.

Jane D. Flowers 6/14/19
 Signature of Officer or Authorized Representative Date

Jane D. Flowers
 Print or Type Name of Officer or Authorized Representative