



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

FILED

JUN 14 2019

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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. <u>152493</u>		2. Exact name of the Corporation <u>Greenwich Bay Women's Club</u>	
3. State of Incorporation <u>Rhode Island</u>		4. Brief description of the character of business conducted in Rhode Island <u>We are a group of women that hold fundraisers during the year and donate the money to charity.</u>	
5. Principal office address <u>P.O. Box 67</u>		<u>(813219)</u> City <u>East Greenwich</u>	State <u>RI</u> Zip <u>02818</u>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name <u>Jane Flowers</u>		Vice-President Name <u>Elaine Vespiat</u>	
Street Address <u>68 Cindy Ann Dr.</u>		Street Address <u>155 Shippcetown Road</u>	
City <u>E-Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>	City <u>E-Greenwich</u> State <u>RI</u> Zip <u>02818</u>
Secretary Name <u>Jawet Kenney</u>		Treasurer Name <u>Cate Boyle</u>	
Street Address <u>39 Old Pine Road</u>		Street Address <u>24 Hillbridge Dr.</u>	
City <u>Narragansett</u>	State <u>RI</u>	Zip <u>02882</u>	City <u>E-Greenwich</u> State <u>RI</u> Zip <u>02818</u>
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 <u>Lynne Wolff</u>		Director Name <u>Melinda Bates</u>	
Street Address <u>7 Coweside Court</u>		Street Address <u>79 Birchwood Way</u>	
City <u>Warwick</u>	State <u>RI</u>	Zip <u>02818</u>	City <u>E-Greenwich</u> State <u>RI</u> Zip <u>02818</u>
Director Name <u>Lisa Johnson</u>		Director Name	
Street Address <u>69 Birchwood Way</u>		Street Address	
City <u>E-Greenwich</u>	State <u>RI</u>	Zip <u>02818</u>	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 6/4/19
Signature of Officer or Authorized Representative Date

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