



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2020**
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

MAY 22 2020

BY

462 PS

1. Entity ID Number 1659555		2. Exact name of the Corporation The Chorus of Kent County			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island To enhance the musical and cultural life in the Kent County and surrounding communities through various musical performances.			
4. NAICS Code 711310					
6. Principal Office Address 7 Harrington Avenue			City Hope	State RI	Zip 02831
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>					
President Name Julie Winward			Vice-President Name Jennifer Mullen		
Street Address 7 Harrington Avenue			Street Address 124 Jambray Avenue		
City Hope	State RI	Zip 02831	City Warwick	State RI	Zip 02886
Secretary Name Diane Gadoury			Treasurer Name Ann Giroux		
Street Address 53 Gibson Lane			Street Address 565 Quaker Lane, Unit #74		
City Sterling	State CT	Zip 06377	City West Warwick	State RI	Zip 02893
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 Julie Winward			Director Name Jennifer Mullen		
Street Address 7 Harrington Avenue			Street Address 124 Jambray Avenue		
City Hope	State RI	Zip 02831	City Warwick	State RI	Zip 02886
Director Name Ann Giroux			Director Name		
Street Address 565 Quaker Lane, Unit #74			Street Address		
City West Warwick	State RI	Zip 02893	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>					
Name of Officer/Authorized Representative Ann Giroux				Date 05/18/2020	
Signature of Officer/Authorized Representative <i>Ann Giroux</i>					