



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 27 2020

BY 2134
JD

1. Entity ID Number 000070225		2. Exact name of the Corporation Greater Tiverton Community Chorus			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Choral singing, rehearse and perform concerts in the community			
4. NAICS Code 813990 - Other Similar Organi					
6. Principal Office Address 55 Quicksand Pond Road			City Little Compton	State RI	Zip 02837
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Sally Ann Ledbetter			Vice-President Name Suzanne Rosevear		
Street Address 62 Atlantic Street			Street Address 22 Howard Street		
City Westport	State MA	Zip 02790	City Barrington	State RI	Zip 02806
Secretary Name Wendy Thibault			Treasurer Name Narda Snell		
Street Address 18 Meadow Lane			Street Address 61 Sycamore Lane		
City Bristol	State RI	Zip 02809	City Westport	State MA	Zip 02790
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 Susan Bodington			Director Name Jo-Ann Souza		
Street Address 1 Town Way			Street Address 178 Stoney Hollow Road		
City Little Compton	State RI	Zip 02837	City Tiverton	State RI	Zip 02878
Director Name Gayle Raposa			Director Name Simone Pasqueriello		
Street Address 44 Harris Drive			Street Address PO Box 413		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878Vi
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 Virginia K. Greenwood				Date May 23, 2020	
Signature of Officer/Authorized Representative <i>Virginia K. Greenwood</i>				SIGN DOCUMENT HERE	

MAIL TO:
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 Website: www.sos.ri.gov