



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

JUN 12 2020

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STANDARD

1. Entity ID Number 000045204		2. Exact name of the Corporation North Kingstown Community Chorus, Inc.	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island We are a community chorus.	
4. NAICS Code 711130			
6. Principal Office Address c/o Barbara Pease 263 Wickford Point Road North Kingstown, R.I. 02852		City North Kingstown	State R.I.
		Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Barbara Pease		Vice-President Name Norman Poulin	
Street Address 263 Wickford Point Road		Street Address 57 Garfield Drive	
City North Kingstown	State RI	City North Kingstown	State RI
Zip 02852		Zip 02852	
Secretary Name Pinky Sweet-Holland (Treasurer)		Treasurer Name Elise Chapman (Secretary)	
Street Address 293 Fishing Cove Rd.		Street Address 125 Smith Avenue #13E	
City North Kingstown	State RI	City Greenville	State RI
Zip 02852		Zip 02828	
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 Andria Morenzi		Director Name Rick Gebhart	
Street Address 112 East Shore Drive		Street Address 5580 Post Road	
City Jamestown	State RI	City East Greenwich	State RI
Zip 02835		Zip 02818	
Director Name Sarah Rosendale		Director Name Barbara Valois	
Street Address 42 Laurel Ridge Lane		Street Address 40 Whitman Road	
City North Kingstown	State R.I	City Coventry	State RI
Zip 02852		Zip 02816	
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee			
Name of Officer/Authorized Representative Barbara R. Pease			Date 6/9/2020
Signature of Officer/Authorized Representative Barbara R. Pease			SIGN DOCUMENT HERE

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 06/20