



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

Annual Report for the year:

Non-Profit Corporation

2020

JUN 24 2020

BY

1079 DS

- Filing period June 1 - June 30
 → Filing Fee: \$20.00
 → Penalty: Additional \$25.00 fee if form is not filed by July 30

1 Entity ID Number 83608		2 Exact name of the Corporation West Bay Chorale			
3 State of Incorporation RI		5 Brief description of the character of business conducted in Rhode Island Choral singing programs			
4 NAICS Code 561599		FILED			
6 Principal Office Address P.O. Box 8856			City Warwick	State RI	Zip 02888
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jeni Luther			Vice-President Name Alice Pace		
Street Address 5 Elmonte Drive			Street Address 103 Harrison Ave		
City Coventry	State RI	Zip 02816	City Warwick	State RI	Zip 02888
Secretary Name Celia Kettle			Treasurer Name Courtney C Lombardi		
Street Address 32 Dean Ave Apt 19			Street Address 40 Sagamore Road		
City Johnston	State RI	Zip 02919	City Cranston	State RI	Zip 02920
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 Mark Putnam			Director Name Ellen Connor		
Street Address 28 Slater Ave			Street Address 2616 Harkney Hill Road		
City Warwick	State RI	Zip 02889	City Coventry	State RI	Zip 02816
Director Name Sandra Hyland			Director Name		
Street Address 50 Long Lane			Street Address		
City N. Kingstown	State RI	Zip 02852	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.					
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 Courtney C Lombardi					Date 6/22/2020
Signature of Officer/Authorized Representative Courtney C. Lombardi SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov