



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 29 2020
 BY 2813 DS

1. Entity ID Number 152493		2. Exact name of the Corporation Greenwich Bay Womens Club	
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island We are a group of women that holds fundraisers during the year and donates funds to charity after club expenses are paid.	
4. NAICS Code 624110			
6. Principal Office Address P.O. Box 67		City East Greenwich	State RI
		Zip 02818	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jane D. Flowers		Vice-President Name Elaine Vespa	
Street Address 68 Cindy Ann Dr		Street Address 155 Shippeetown Rd	
City E. Greenwich	State RI	Zip 02818	City E. Greenwich
			State RI
			Zip 02818
Secretary Name Jane Wallace		Treasurer Name Cate Boyle	
Street Address 74 Red Maple Terrace		Street Address 24 Lillibridge Dr	
City N. Kingstown	State RI	Zip 02852	City E. Greenwich
			State RI
			Zip 02818
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 None Lynne Wolff		Director Name None Melinda Bates	
Street Address 7 Cove side Court		Street Address 79 Birchwood Way	
City Warwick	State RI	Zip 02818	City East Greenwich
			State RI
			Zip 02818
Director Name None Lisa Johnson		Director Name None	
Street Address 69 Birchwood Way		Street Address	
City East Greenwich	State RI	Zip 02818	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.			
<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 Jane D. Flowers, President			Date 6/26/2020 <i>Rev</i>
Signature of Officer/Authorized Representative 			

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