RI SOS Filing Number: 202054653700 Date: 9/14/2020 4:00:00 PM

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Department of Sta	te - Busino	ess Services I					
Annual Report for the year: Non-Profit Corporation → Filing period: June 1 - June 30 → Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if		B by July 30.	SEP 14 2020 Y 3/5/202	RECEIVED STATE BUS SYCS DIV	STAMP		
1. Entity ID Number 000045902	2. Exact nan East Greenv	ne of the Corporatio vich - Cowesett Nev	n V Neighbors Club, Inc.				
3. State of Incorporation Rhode Island	5. Brief description of the character of business conducted in Rhode Island ORIENTATION OF RESIDENTS IN THE EAST GREENWICH/COWESETT AREA						
4. NAICS Code	1						
813110 - Religious Organizations							
6. Principal Office Address PO Box 711			City East Greenwich	State RI	Zip 02818		
7. List ALL officers (names and add	dresses)	·		Check the box to indi	icate an attachment		
President Name Corinne Steinbrenner			Vice-President Name Terri Finkelstein				
Street Address 25 Pheasant Drive			Street Address 24 Jodie Beth Drive				
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818		
Secretary Name Valerie Knight			Treasurer Name Meghan Myers				

8. List ALL directors (names	and addresses). RI (Corporations MUST	list at least THREE directors.	Check the box to indi	cate an attachm	ent [
Director Name Corinne Steinbrenner		Director Name Meghan Myers				
Street Address 25 Pheasant Dr			Street Address 75 Deerfield Dr			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip	
Director Name Valerie Knight			Director Name			
Street Address 1000 Frenchtown Rd.			Street Address			
City East Greenwich	State RI	Zip 02818	City	State	Zip	
9. The Registered Agent info	ormation of record wit	h the RI Departmer	nt of State is accurate. Changes	require filing Form 64	1.	

Street Address 75 Deerfield Dr

City East Greenwich

Zip 02818

State RI

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, Treesurer, duly Authorized Representative, Receiver or Trustee

Name of Officer/Authorized Representative Meghan Myers

Street Address 1000 Frenchtown Rd

City East Greenwich

Date 9/11/2020

State RI

Zip 02818

Signature of Officer/Authorized Representative

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov