RI SOS Filing Number: 202198789330 Date: 6/28/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED
JUN 28 2021
BY

Annual Report for the year: 2021

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.

1. Entity ID Number	2. Exact name of the Corporation
000070115	Ninigret Quilters
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: To revive the art of quilting
4. NAICS Code: 813110	

6. Principal Office Address	City	State	Zip
26 Bow & Arrow Trail S	Wakefield	RI	02879

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Patricia J Giarrusso			Vice-President Name: Tina Craig		
Street Address: 16 Bow & Arrow Trail S			Street Address: 188 Weathervane Road		
City: Wakefield	State: RI	Zip: 02879	City: Wakefield	State: RI	Zip: 02879
Secretary Name: Jane Lionelli			Treasurer Name: Roberta Berker		
Street Address: 80 Island Road			Street Address: 10 Covey Court		
City: Stonington	State: CT	Zip: 06378	City: Charlestown	State: RI	Zip: 02813

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Patricia J Giarrusso			Director Name: Tina Craig		
Street Address: 16 Bow & Arrow Trail S			Street Address: 188 Weathevane Road		
City: Wakefield	State: RI	Zip: 02879	City: Wakefield	State: RI	Zip: 02879
Director Name: Jane Lionelli			Director Name: Sharon Dziekan		
Street Address: 80 Island Road			Street Address: 538 Indian Corner Road		
City: Stonington	State: CT	Zip: 06378	City: Saunderstown	State: RI	Zip: 02874

9. The Registered Agent information of record with the RI Department of State is accurate. 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	Date
Roberta Berker	6-24-21

Signature of Officer/Authorized Representative: Roberta Berker

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: 08/2020