



State of Rhode Island

Department of State - Business Services Division

FILED

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.

JUL 08 2021
BY 104

1. Entity ID Number 001693215		2. Exact name of the Corporation Grow Coventry			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Building our community through history, art, culture, education, and natural resources.			
4. NAICS Code 813319 - Other Social Advocacy					
6. Principal Office Address P.O. Box 116			City Coventry	State RI	Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Norma R. Smith			Vice-President Name Emile Lavoie, Jr.		
Street Address 684 Washington Street, Unit 4			Street Address 50 April Court, #6		
City Coventry	State RI	Zip 02816	City West Warwick	State RI	Zip 02893
Secretary Name Lori Fortune			Treasurer Name Diane Ihelfeld-Greenstein		
Street Address 999 Farm Road			Street Address 1044 Main Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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 Norma R. Smith			Director Name Emile Lavoie, Jr.		
Street Address 684 Washington Street, Unit 4			Street Address 50 April Court, #6 88 Read Ave		
City Coventry	State RI	Zip 02816	City West Warwick COVENTRY	State RI RI	Zip 02893 02816
Director Name Lori Fortune			Director Name Diane Ihelfeld-Greenstein		
Street Address 999 Farm Road			Street Address 1044 Main Street		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
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.					
<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 Norma R. Smith, President					Date 7-4-21
Signature of Officer/Authorized Representative <i>Norma R. Smith</i>					

MAIL TO:

Division of Business Services

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