RI SOS Filing Number: 202101930240 Date: 9/22/2021 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

2021

FILED

SEP 2 2 2021

BY 3191

Annual Report for the year:						
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.

	T						
1. Entity ID Number 000045902	2. Exact name of the Corporation EAST GREENWICH - COWESETT NEW NEIGHBORS CLUB, INC						
State of Incorporation RI	Brief description of the character of business conducted in Rhode Island The purpose of the Club is to foster a sense of community and build social ties among residents of East Greenwich and a portion of Warwick, Rhode Island, with a special						
4. NAICS Code	emphasis on welcoming new residents.						
813990 - Other Similar Organizat							
6. Principal Office Address			City	State	Zip		
PO BOX 711	-		EAST GREENWICH.	RI	02818		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name JoHannah Speltz			Vice-President Name				
Street Address 95 Taggart Court	Address 95 Taggart Court			Street Address			
City East Greenwich	State RI	Zip 02818	City	State	Zip		
Secretary Name Michelle Jones	retary Name Michelle Jones			Treasurer Name Meghan Myers			
Street Address 35 David Ct	eet Address 35 David Ct			Street Address 75 Deerfield Dr			
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818		
8. List ALL directors (names and ad	ddresses). RI Com	porations MUST lis		ck the box to indicate	e an attachment		
Director Name Corinne Steinbrenner			Director Name Amanda Chaiyabhat				
Street Address 25 Pheasant			Street Address 295 Tanglewood Dr				
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818		
Director Name Nichole Curley			Director Name Meghan Myers				
Street Address 236 Adirondack Drive			Street Address 75 Deerfield Dr				
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818		
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 Repres Meghan Myers	entative	me Tr	enter de la companya	Date 7/29/2021	, in the second		
Signature of Officer/Authorized Representative Megran Mywz							

MAIL TO:

Division of Business Services

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

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