



State of Rhode Island  
**Department of State - Business Services Division**

Annual Report for the year:  
 Non-Profit Corporation

2021

NOV 12 2021

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- 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 <b>26451</b>		2. Exact name of the Corporation <b>East Greenwich Chamber of Commerce</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Membership Organization for businesses and not-for-profit entities in the East Greenwich Area. We host networking and educational events and meetings.</b>			
4. NAICS Code <b>813910</b>					
6. Principal Office Address <b>580 Main Street</b>			City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Michael Mancuso</b>			Vice-President Name <b>Susan Clough</b>		
Street Address <b>776 Main Street</b>			Street Address <b>572 Main Street</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>Therese Vezeridis</b>			Treasurer Name <b>Holly Ferrara</b>		
Street Address <b>413 MAIN Street</b>			Street Address <b>2669 Post Road</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Mick Tedesco</b>			Director Name <b>Greg Caldarone</b>		
Street Address <b>58 Main Street</b>			Street Address <b>43 Main Street B</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
Director Name <b>Stacy Levin</b>			Director Name		
Street Address <b>1269 South County Trail</b>			Street Address		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative <b>Stephen M. Lombardi</b>					Date <b>10/12/21</b>
Signature of Officer/Authorized Representative 					

**MAIL TO:**  
 Division of Business Services  
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