



State of Rhode Island

Department of State - Business Services Division

FILED

APR 25 2022

BY

Annual Report for the year: 2022

Non-Profit Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000027098		2. Exact name of the Corporation Barrington Woman's Club			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island maintaining, sponsoring and supporting charitable, educational, civic and social programs for all women for the sustenance and strength of the community and the growth and development of the individual			
4. NAICS Code 813319 - Other Social Advocacy (					
6. Principal Office Address 200 Middle Highway, PO Box 274,			City Barrington	State RI	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Mary Wright			Vice-President Name Phyllis O'Loughlin		
Street Address 344 County Rd.			Street Address 1 Logan Court		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Louise James			Treasurer Name Robin Bacon		
Street Address 192 New Meadow Rd.			Street Address 273 New Meadow Rd.		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Lillian Rose			Director Name Joanne Crowley		
Street Address 75 Alfred Drowne Rd			Street Address 7 Breeze Lane		
City Barrington	State RI	Zip 02806	City Bristol	State RI	Zip 02809
Director Name Louise James			Director Name Pat Chick		
Street Address 192 New Meadow Rd.			Street Address 30 Argyle Ave., apt. 202		
City Barrington	State RI	Zip 02806	City Riverside	State RI	Zip 02915
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 Robin Bacon, Treasurer				Date April 19, 2022	
Signature of Officer/Authorized Representative <i>Robin Bacon, Treas.</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov