



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year
Non-Profit Corporation2023

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

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

FILED

JAN 25 2023

BY [Signature]

1. Entity ID Number 001739430		2. Exact name of the Corporation EGPD Green Space			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Construction of a police memorial in front of the East Greenwich Police Department.			
4. NAICS Code 813920 - Professional Organiz <input type="checkbox"/>					
6. Principal Office Address 176 First Ave.		City East Greenwich		State RI	Zip 02818
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name David Petrucci			Vice-President Name Shane Dinagen		
Street Address 176 First Ave.			Street Address 176 First Ave.		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name Brian Clement			Treasurer Name Jack McKinnon		
Street Address 176 First Ave.			Street Address 176 First Ave.		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
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 David Petrucci			Director Name Shane Dinagen		
Street Address 176 First Ave.			Street Address 176 First Ave.		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Director Name Thomas Col			Director Name		
Street Address 176 First Ave.			Street Address		
City East Greenwich	State RI	Zip 0281	City	State	Zip
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 David Petrucci				Date 1/20/2023	
Signature of Officer/Authorized Representative <u>[Signature]</u>					

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

FORM 631 - Revised: 11/2021