RI SOS Filing Number: 202328391370 Date: 2/7/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

FEB 07 2023

BY

Annual Report for the year: 2023

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: 001748773	2. Exact name of the Corporation: East Greenwich Association of Educational Support Personnel
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: Non-profit corporation of union members to promote a relationship with the East Greenwich school committee. The corp establishes procedures for resolution and negotiates the terms of its contract.
4. NAICS Code: 813922 Pin: 7563	

6. Principal Office Address	City	State	Zip
55 Hunts River Drive	North Kingstown ~~East Greenwich~~	RI	02852 ~~02818~~

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Lois Campion Co-President			~~Vice President Name~~ Co-President: Maria Collins		
Street Address: 55 Hunts River Drive			Street Address: 7 Pettine Street		
City: North Kingstown	State: RI	Zip: 02852	City: East Greenwich	State: RI	Zip: 02818
Secretary Name: Jennifer Lemoi			Treasurer Name: Jill Parker		
Street Address: 145 So. Main ST. Apt 3			Street Address: 301 Howland Road		
City: Coventry	State: RI	Zip: 02816	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 ☐

Director Name: Lois Campion			Director Name: Jill Parker		
Street Address: 55 Hunts River Drive			Street Address: 301 Howland Road		
City: North Kingstown	State: RI	Zip: 02852	City: East Greenwich	State: RI	Zip: 02818
Director Name: Maria Collins			Director Name: Jennifer Lemoi		
Street Address: 7 Pettine Street			Street Address: 14 So. Main St. #3		
City: East Greenwich	State: RI	Zip: 02818	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.

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 Representative	Date
Jill Parker Treasurer	2/4/23

Signature of Officer/Authorized Representative: Jill Parker

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

FORM 631 - Revised: 2/2023