



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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.

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RI DEPT. OF STATE
BUS SVCS DIV
2023 MAR 15 A 9:32

1. Entity ID Number 000156211		2. Exact name of the Corporation GREGG'S GIVING TREE, INC.			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island RAISE DONATIONS TO PURCHASE CHRISTMAS GIFTS FOR DISADVANTAGED AND IMPOVERISHED CHILDREN IN RHODE ISLAND			
4. NAICS Code 813110 - Religious Organizations					
6. Principal Office Address 214 B Main Street			City E Greenwich	State RI	Zip 02818
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Bobbie L Bacon			Vice-President Name H. Robert Bacon		
Street Address 891 South Road			Street Address 891 South Road		
City E Greenwich	State RI	Zip 02818	City E Greenwich	State RI	Zip 02818
Secretary Name Steven P DeLuca			Treasurer Name Bobbie L Bacon		
Street Address One Turks Head Place Suite 1300			Street Address 891 South Road		
City Providence	State RI	Zip 02903	City E Greenwich	State RI	Zip 02818Bi
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 Bobbie L Bacon			Director Name H. Robert Bacon		
Street Address 891 South Road			Street Address 891 South Road		
City E Greenwich	State RO	Zip 02818	City E Greenwich	State RI	Zip 02818
Director Name Steve P DeLuca			Director Name		
Street Address One Turks Head Place, Suite 1300			Street Address		
City Providence	State RI	Zip 02903	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Steven P DeLuca					Date 02/24/23
Signature of Officer/Authorized Representative 					

FILED 932
MAR 15 2023
BY BxSK9

MAIL TO:
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Website: www.sos.ri.gov