



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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Bobbie L Bacon</b>		Vice-President Name <b>H. Robert Bacon</b>	
Street Address <b>891 South Road</b>		Street Address <b>891 South Road</b>	
City <b>E Greenwich</b>	State <b>RI</b>	City <b>E Greenwich</b>	State <b>RI</b>
Zip <b>02818</b>		Zip <b>02818</b>	
Secretary Name <b>Steven P DeLuca</b>		Treasurer Name <b>Bobbie L Bacon</b>	
Street Address <b>One Turks Head Place Suite 1300</b>		Street Address <b>891 South Road</b>	
City <b>Providence</b>	State <b>RI</b>	City <b>E Greenwich</b>	State <b>RI</b>
Zip <b>02903</b>		Zip <b>02818Bi</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>Bobbie L Bacon</b>		Director Name <b>H. Robert Bacon</b>	
Street Address <b>891 South Road</b>		Street Address <b>891 South Road</b>	
City <b>E Greenwich</b>	State <b>RO</b>	City <b>E Greenwich</b>	State <b>RI</b>
Zip <b>02818</b>		Zip <b>02818</b>	
Director Name <b>Steve P DeLuca</b>		Director Name	
Street Address <b>One Turks Head Place, Suite 1300</b>		Street Address	
City <b>Providence</b>	State <b>RI</b>	City	State
Zip <b>02903</b>		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>			
<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 <b>Steven P DeLuca</b>			Date <b>02/24/23</b>
Signature of Officer/Authorized Representative 			

FILED 932  
MAR 15 2023  
BY BxSK9

MAIL TO:  
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