



State of Rhode Island

Department of State - Business Services Division

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.

FILED

MAR 20 2023

BY

2023
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1. Entity ID Number 070115		2. Exact name of the Corporation Ninigret Quilters			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To maintain the art of quilting and to distribute quilts to those in need in our community.			
4. NAICS Code 813110					
6. Principal Office Address 16 Bow and Arrow Trails			City Wakefield	State RI	Zip 02879
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Patricia J. Giarusso			Vice-President Name Tina Craig		
Street Address 16 Bow and Arrow Trails			Street Address 188 Weathervane Rd		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Terry Wilensky			Treasurer Name Jacklyn Badddeley		
Street Address 6 Melanie Dr			Street Address 1563 Narragansett Blvd		
City Waterford	State CT	Zip 06375	City Cranston	State RI	Zip 02905
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 Sharon Diekan			Director Name Nicole Christie		
Street Address 538 Indian Corner Rd			Street Address 31 Corey Road		
City Saundersan	State RI	Zip 02874	City S. Kingston	State RI	Zip 02879
Director Name Merri Giorno			Director Name Mary Hamilton		
Street Address 50 Elmridge Rd			Street Address 21 Betty Drive		
City Pawtucket	State RI	Zip 06379	City Narragansett	State RI	Zip 02882
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 Jacklyn Badddeley				Date 03/16/23	
Signature of Officer/Authorized Representative Jacklyn Badddeley					

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