



**State of Rhode Island
Department of State - Business Services Division**

FEB 06 2024

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Annual Report for the year: 2024

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 31214 | | 2. Exact name of the Corporation Rhode Island Writers' Guild | | | |
| 3. State of Incorporation Rhode Island | | 5. Brief description of the character of business conducted in Rhode Island The Development of Literary Arts and Their Publication | | | |
| 4. NAICS Code 813990 | | | | | |
| 6. Principal Office Address 77 Homestead Avenue | | | City Warwick | State RI | Zip 02889 |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Frances Dyer | | | Vice-President Name Helen E Antonizio | | |
| Street Address 77 Homestead Avenue | | | Street Address 23 Oak Tree Drive | | |
| City Warwick | State RI | Zip 02889 | City Johnston | State RI | Zip 02919 |
| Secretary Name James W Dyer | | | Treasurer Name James W Dyer | | |
| Street Address 134 Westmoreland Street | | | Street Address 134 Westmoreland Street | | |
| City Narragansett | State RI | Zip 02882 | City Narragansett | State RI | Zip 02882 |
| 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 Frances Dyer | | | Director Name Helen E Antonizio | | |
| Street Address 77 Homestead Avenue | | | Street Address 23 Oak Tree Drive | | |
| City Warwick | State RI | Zip 02889 | City Johnston | State RI | Zip 02919 |
| Director Name James W Dyer | | | Director Name | | |
| Street Address 134 Westmoreland Street | | | Street Address | | |
| City Narragansett | State RI | Zip 02882 | 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 James W Dyer | | | | | Date 2/5/2024 |
| Signature of Officer/Authorized Representative | | | | | |

MAIL TO:
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