RI SOS Filing Number: 202447445220 Date: 2/26/2024 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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.

FEB 26 2024
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1. Entity ID Number	2. Exact name of the Corporation
1659555	The Chorus of Kent County
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To ehnhance the musical and clutural life in the Kent County and surounding comminities through various musical performances.
4. NAICS Code: 711310	

6. Principal Office Address	City	State	Zip
7 Harrington Ave.	Hope	RI	02831

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

President Name: Julie Winward			Vice-President Name: Rita Pinto		
Street Address: 7 Harrington Ave.			Street Address: 52 Ames St.		
City: Hope	State: RI	Zip: 02831	City: Pawtucket	State: RI	Zip: 02861
Secretary Name: Gail Hopkins			Treasurer Name: Patti Gorry		
Street Address: 46 Woodside Ave.			Street Address: 43 Red Oak Dr.		
City: West Warwck	State: RI	Zip: 02893	City: Coventry	State: RI	Zip: 02816

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Julie Winward			Director Name: Rita Pinto		
Street Address: 7 Harrington Ave.			Street Address: 52 Ames St.		
City: Hope	State: RI	Zip: 02831	City: Pawtucket	State: RI	Zip: 02861
Director Name: Patti Gorry			Director Name: Gail Hopkins		
Street Address: 43 Red Oak Dr.			Street Address: 46 Woodside Ave.		
City: Coventry	State: RI	Zip: 02816	City: West Warwick	State: RI	Zip: 02893

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
Patti Gorry	2-21-24

Signature of Officer/Authorized Representative: Patti Jo Gorry

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: 12/2023