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State of Rhode Island
Department of State - Business Services Division

FILED
MAR 12 2024
BY 11069

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	2. Exact name of the Corporation
001674897	Rhode Island Town and City Clerks Association
3. State of Incorporation: Rhode Island	5. Brief description of the character of business conducted in Rhode Island: To promote the general welfare of the 39 municipalities of the State of Rhode Island and to afford better liaison between all the duly qualified town and city clerks therein
4. NAICS Code: 813920	

6. Principal Office Address	City	State	Zip
675 Ten Rod Road	Exeter	RI	02822

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

President Name: Jennifer West			Vice-President Name: Sandra Speroni		
Street Address: 2200 East Main Road			Street Address: 514 Main Street		
City: Portsmouth	State: RI	Zip: 02871	City: Warren	State: RI	Zip: 02885
Secretary Name: Erin Liese			Treasurer Name: Lynn Hawkins		
Street Address: 5 Richmond Townhouse Road			Street Address: 675 Ten Rod Road		
City: Wyoming	State: RI	Zip: 02898	City: Exeter	State: RI	Zip: 02822

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

Director Name: Jennifer West			Director Name: Sandrea Speroni		
Street Address: 2200 East Main road			Street Address: 514 Main Street		
City: Portsmouth	State: RI	Zip: 02871	City: Warren	State: RI	Zip: 02885
Director Name: Erin Liese			Director Name: Lynn Hawkins		
Street Address: 5 Richmond Townhouse Road			Street Address: 675 Ten Rod Road		
City: Wyoming	State: RI	Zip: 02898	City: Exeter	State: RI	Zip: 02822

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
Lynn M. Hawkins, Treasurer	**03/05/2024**

Signature of Officer/Authorized Representative: Lynn M. Hawkins

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