



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

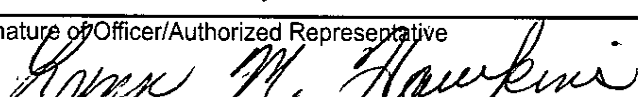
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 12 2024

BY

1069

1. Entity ID Number 001674897		2. Exact name of the Corporation 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 675 Ten Rod Road		City Exeter		State RI	Zip 02822
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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 <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 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.					
<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>Lynn M. Hawkins, Treasurer</b>				Date <b>03/05/2024</b>	
Signature of Officer/Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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