



State of Rhode Island
Department of State - Business Services Division

FILED
APR 18 2024
BY *[Signature]* 15590

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 000027098		2. Exact name of the Corporation Barrington Women's Club, Inc.			
3. State of Incorporation 06-10-1977 <i>RA</i>		5. Brief description of the character of business conducted in Rhode Island A club organized for charitable and educational purposes.			
4. NAICS Code 883319 other advocacy o		Title: 7-6			
6. Principal Office Address 200 Middle Highway, PO Box 274			City Barrington	State RI	Zip 02806
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robin Bacon			Vice-President Name Phyllis O'Loughlin		
Street Address 273 New Meadow Rd.			Street Address 1 Logan Court		
City Barrington	State RI	Zip 02806	City Seekonk	State MA	Zip 02771
Secretary Name Adelaide Clifford			Treasurer Name Claudia Whittle		
Street Address 6 Starbrook Dr.			Street Address 30 Argyle Ave. #110		
City Barrington	State RI	Zip 02806	City Riverside	State RI	Zip 02915
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 Lorraine Conti			Director Name Lillian Rose		
Street Address 362 Middle Highway			Street Address 75 Alfred Drowne Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Director Name Carole Skeffington			Director Name Pat Chick		
Street Address 54 Estrell Dr.			Street Address 30 Argyle Ave apt. 212		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
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, duty Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Robin G Bacon				Date April 09, 2024	
Signature of Officer/Authorized Representative <i>Robin G Bacon</i>					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov