| | State of Rhode Office of the Secret | | Fee: \$20.00 | |
|-----------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------|----------------------------------------------|--|
| | Division Of Busines | ss Services | | |
| | 148 W. River S | Street | | |
| | Providence RI 029 | | | |
| 7636 | (401) 222-30 |)40 | | |
| Non-Profit Corporation | | | | |
| Annual Report | | | | |
| Filing Period: February 1 - Ma | | | | |
| In accordance with R.I.G.L. 7- annual report within the time p | · · · · · · · · · · · · · · · · · · · | - | 'S | |
| penalty fee of \$25.00. | | , , , | | |
| ANNUAL REPORT YEAR - EN | ITER THE CURRENT YEAR 2 | 024: <u>2024</u> | | |
| 1. Corporate ID No. 0000 | 083608 | | | |
| 2. Name of Corporation \underline{We} | st Bay Chorale | | | |
| 3. State of Incorporation | | | | |
| State: <u>RI</u> | | | | |
| | NAICS CODE | | | |
| Using the dropdown labeled f primary type of activity in whi populate a NAICS Code base box on the right. For further a | ich your entity engages. The ed on the chosen selection. If | box to the right of th the NAICS Code is | ne dropdown will known, enter it into the | |
| NAICS Code | | | | |
| <u>561599</u> | | | | |
| | | | | |
| 4. Principal Office Address | | | | |
| No. and Street: 35 BELV | VEDERE DRIVE | | | |
| City or Town: WARW | | te: <u>RI</u> Zip: <u>02889</u> | Country: <u>USA</u> | |
| 5. Brief Description of the C | haracter of the Affairs Cond | ucted in Rhode Islaı | nd | |
| | | | | |
| ORGANIZING , FOSTERING AND PROMOTING MUSICAL CHOIR SINGING AND STUDY AND CONDUCTING RELATED SOCIAL ACTIVITIES. | | | | |
| STUDY AND CONDUCTI | NG KELATED SUCIAL A | <u>_11V111ES.</u> | | |
| 6. Names and Addresses of | the Officers and Directors: | | | |
| All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3. | | | | |
| Title | Individual Name | Ad | ldress | |
| l' | | | ' | |

| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country | |
|----------------|-----------------------------|-------------------------------------------------|--|
| PRESIDENT | COURTNEY LOMBARDI | 40 SAGAMORE RD CRANSTON, RI 02920 USA | |
| TREASURER | MICHAEL R WILLIAMS | 35 BELVEDERE DR WARWICK, RI 02889 USA | |
| SECRETARY | CELIA KETTLE | 32 DEAN AVE APT 19 JOHNSTON, RI 02919 USA | |
| VICE PRESIDENT | MARK PUTNAM | 28 SLATER AVE WARWICK, RI 02889 USA | |
| DIRECTOR | INA WOOLMAN | 112 BLUFF AVE CRANSTON, RI 02905 USA | |
| DIRECTOR | MIMI DESJARLAIS | 1097 MAIN STREET COVENTRY, RI 02816 USA | |
| DIRECTOR | JENNIFER LUTHER | 5 ELMONTE DR COVENTRY, RI 02816 USA | |

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

ED MCCORMICK 1319 CRANSTON STREET CRANSTON , RI 02920

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 19 Day of April, 2024 at 2:11:28 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By MICHAEL R WILLIAMS

Signature of Authorized Person

Form No. 631 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved