RI SOS Filing Number: 202453881830 Date: 4/24/2024 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.

APR 24 2024
20391 a

1. Entity ID Number	2. Exact name of the Corporation
070115	Ninigret Quilters
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island
Rhode Island	To maintain the art of quilting and to distribute quilts to those in need in our community.
4. NAICS Code 813110	

6. Principal Office Address	City	State	Zip
21 Betty Drive	Narragansett	RI	02882

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

President Name Mary Hamilton			Vice-President Name Pat L. Giarrusso		
Street Address 21 Betty Drive			Street Address 11 Bow and Arrow Trail S		
City Narragansett	State RI	Zip 02882	City Wakefield	State RI	Zip 02879
Secretary Name Kathy Faella			Treasurer Name Merri Giorno		
Street Address 1114 Saugatucket Road			Street Address 50 Elmridge Road		
City Peace Dale	State RI	Zip 02879	City Pawcatuck	State CT	Zip 06379

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

Director Name Nicole Christie			Director Name Bernie Tout		
Street Address 31 Corey Road			Street Address 22 Oakwoods Drive		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Director Name Cheryl Kirk			Director Name Jenny Parker		
Street Address 78 Shepherd Drive			Street Address 2107 Ministerial Road		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879

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
Merri Giorno	**4-18-2024**

Signature of Officer/Authorized Representative

Merri Giorno

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