	State of Rhode Office of the Secreta		Fee: \$20.00		
	Division Of Busines	s Services			
	148 W. River S	treet			
	Providence RI 029				
1636	(401) 222-30	40			
Non-Profit Corporation					
Annual Report	,				
Filing Period: February 1 - May	1				
In accordance with R.I.G.L. 7-6 annual report within the time pr penalty fee of \$25.00.					
ANNUAL REPORT YEAR - EN	TER THE CURRENT YEAR <b>2</b>	<b>025</b> : <u>2025</u>			
1. Corporate ID No. 00003	31265				
2. Name of Corporation CUMBERLAND-LINCOLN COMMUNITY CHORUS, INC.					
3. State of Incorporation					
State: <u>RI</u>					
	NAICS CODE				
Using the dropdown labeled N primary type of activity in whic populate a NAICS Code based box on the right. For further as	ch your entity engages. The d on the chosen selection. If	box to the right of the the NAICS Code is kno	dropdown will		
NAICS Code					
711130					
4. Principal Office Address					
No. and Street: 55 WOOI					
City or Town: <u>LINCOL</u>	<u>DLAND STREET</u> N Str	ate: <u>RI</u> Zip: <u>02865</u>	Country: <u>USA</u>		
		ate. <u>A1</u> Zip. <u>02005</u>	<u> </u>		
5. Brief Description of the Ch	aracter of the Affairs Condu	icted in Rhode Island			
SINGING PROGRAM FOR	ADULTS				
6. Names and Addresses of t	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	Addr			
	First, Middle, Last, Suffix	Address, City or Town, S	tate, Zip Code, Country		

PRESIDENT	AMANDA ROBITAILLE	120 BRENTWOOD DRIVE N. SMITHFIELD, RI 02896 USA	
TREASURER	DOROTHY DERAGON	4 TAYLOR COURT CUMBERLAND, RI 02864 USA	
SECRETARY	AMANDA ROBITAILLE	120 BRENTWOOD DRIVE N. SMITHFIELD, RI 02896 USA	
HISTORIAN	ANITA MACDONNELL	21 EAST ST. APT A605 N. ATTLEBORO, MA 02760 USA	
DIRECTOR	MAURY HOOVER	11 LAKESIDE DRIVE SMITHFIELD, RI 02917 USA	
DIRECTOR	COLLEEN HOOVER	121 PRISCILLA RD WOONSOCKET, RI 02895 USA	
DIRECTOR	JUDITH LYNN STILLMAN	348 LLOYD AVE PROVIDENCE, RI 02906 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

DOROTHY F DERAGON 4 TAYLOR COURT CUMBERLAND, RI 02864

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

## Signed this 12 Day of January, 2025 at 11:56:00 AM 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 DOROTHY F DERAGON

Signature of Authorized Person

Form No. 631 Revised 09/07

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