

State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year:	202
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

T enalty. Additional \$25.00 fee in	TOTAL IS THUS INEU DY	May 31.		<u> </u>	0-1
1. Entity ID Number 000070225	2. Exact name of the Corporation Greater Tiverton Community Chorus				
State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island To bring choral music to the community				
4. NAICS Code 813990	1				
5. Principal Office Address 55 Quicksand Pond Road			City Little Compton	State R1	Zip 02837
7. List ALL officers (names and add	fresses)		Che	ck the box to indicate a	n attachment 🗸
President Name Wendy Thibault			Vice-President Name Kathy Gardner		
Street Address 18 Meadow Lane			Street Address 109 High Hill Road		
^{City} Bristol	State RI	^{Zip} 02809	City Tiverton	State RI	Zip U2878
Secretary Name Jo-Ann Souza			Treasurer Name Narda Snell		
Street Address 178 Stoney Hollow Road		Street Address, 61 Sycamore Lane			
^{City} Tiverton	State RI	^{Zip} 02878	City Westport	State MA	შ2/90
8. List ALL directors (names and a	ddresses). Ri Con	porations MUST li		eck the box to indicate a	m attachment
Olrector Name Susan Bodington			Director Name Gayle Raposa		
Street Address 7 Town Way			Street Address 44 Harris Ave		
City Little Compton -	State RI	Zip 02837	City Tiverton	State RI	Zip U2878
Director Name Kevin Murphy			Director Name Barbara Brewer		
Street Address 21 Lawrence Court		Street Address 1971 Main Road			
City Tiverton	State RI	^{Zip} 02878	City Westport	State MA	ნ2791
9. The Registered Agent information	on of record with th	e RI Department	of State is accurate. Changes re	quire filing Form 641	l.
Under penalty of perjury, I declar statements, and that all stateme				companying sched	ules and
This report must be signed by either the Pre-	sident, Vice-President,	Secretary, Assistant Se	cretary, Treasurer, duly Authorized Repre	sentative, Receiver or Tru	stee.
Name of Officer/Authorized Representative			Date		
Virginia K. Greenwood				1/23/202	5
Signature of Officer/Authorized Rep	presentative				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.n.gov

Entity ID

Entity Name

000070225

GREATER TIVERTOB COMMUNITY CHORUS

ADDENDUM TO ITEM #8 ADDITIONAL DIRECTORS

Sally Ann Ledbetter 67 Atlantic Way Westport, MA 02790

Ariana Newcomer 1823 Main Road Westport, MA 02791