



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:
Non-Profit Corporation

2023

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- 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 001027264		2. Exact name of the Corporation East Greenwich Art Club			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island 1. To promote the artistic education of members and non-members through lectures, discussions, demonstrations and art shows. 2. To further artistic education among school children by offering East Greenwich Art Club Awards.			
4. NAICS Code 813319 - Other Social Advocac <input type="checkbox"/>					
6. Principal Office Address P.O. Box 1608		City East Greenwich	State RI	Zip 02818	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel Lake			Vice-President Name Ronald P. Joseph		
Street Address 1560 High Hawk Road			Street Address 13 Carnival Terrace		
City East Greenwich	State RI	Zip 02818	City West Warwick	State RI	Zip 02893
Secretary Name Patricia Lake			Treasurer Name Arlene D. Aubin		
Street Address 1560 High Hawk Road			Street Address 2 Shalom Drive, Apt. 406		
City East Greenwich	State RI	Zip 02818	City Warwick	State Ri	Zip 02886
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 Celeste Chute-Weight			Director Name Jeannine Anderson		
Street Address 21 Caiger Lane			Street Address 150 Betsy Williams Drive		
City Portsmouth	State RI	Zip 02871	City Warwick	State RI	Zip 02889
Director Name Linda Sanfilippo			Director Name		
Street Address 83 Morningside Drive			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
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, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Arlene D. Aubin				Date March 7, 2023	
Signature of Officer/Authorized Representative <i>Arlene D. Aubin</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