



State of Rhode Island  
Department of State - Business Services Division

**FILED**

JAN 31 2024

*1090*

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.

1. Entity ID Number <b>001027264</b>		2. Exact name of the Corporation <b>East Greenwich Art Club</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Art association</b>			
4. NAICS Code <b>813319</b>					
6. Principal Office Address <b>PO Box 1608</b>			City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Daniel Lake</b>			Vice-President Name <b>Ronald P. Joseph</b>		
Street Address <b>1560 High Hawk Road</b>			Street Address <b>13 Carnival Terrace</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>West Warwick</b>	State <b>RI</b>	Zip <b>02893</b>
Secretary Name <b>Patricia Lake</b>			Treasurer Name <b>Ann Bobbitt</b>		
Street Address <b>1560 High Hawk Road</b>			Street Address <b>154 Peirce St</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Jeannine Anderson</b>			Director Name <b>Linda Sanfilippo</b>		
Street Address <b>150 Betsy Williams Drive</b>			Street Address <b>83 Morningside Drive</b>		
City <b>Warwick</b>	State	Zip <b>02889</b>	City <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>
Director Name <b>Celeste Chute-Wright</b>			Director Name		
Street Address <b>21 Caiger Lane</b>			Street Address		
City <b>Portsmouth</b>	State <b>RI</b>	Zip <b>02871</b>	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
<b>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.</b>					
<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 <b>Ann Bobbitt</b>				Date <b>01/28/2024</b>	
Signature of Officer/Authorized Representative <i>[Handwritten Signature]</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](http://www.sos.ri.gov)