



**State of Rhode Island
Department of State - Business Services Division**

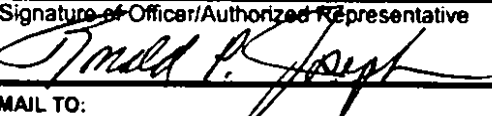
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Annual Report for the year: **2024**

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 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 A nonprofit club to educate members and non members about art through lectures, discussions and exhibits. Also to further the artistic education of high school students by awarding an annual scholarship			
4. NAICS Code 813319 Other Social Adv					
6. Principal Office Address PO 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 Et. Greenwich	State R.I.	Zip 02818	City Wt. Warwick	State R.I.	Zip 02893
Secretary Name Patricia Lake			Treasurer Name Ann Bobbitt		
Street Address 1560 High Hawk Road			Street Address 154 Pierce Street Apt.3		
City Et. Greenwich	State R.I.	Zip 02818	City Et. Greenwich	State R.I.	Zip 02818
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 Ann Bobbitt			Director Name Jeannine Anderson		
Street Address 154 Pierce St. Apt.3			Street Address 150 Betsey William Dr.		
City Et. Greenwich	State R.I.	Zip 02818	City Warwick	State R.I.	Zip 02889
Director Name Linda Sanfilippo			Director Name		
Street Address 83 Morningside Dr.			Street Address		
City N. Kingstown	State R.I.	Zip 02871	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 Ronald P. Joseph				Date 2/7/24	
Signature of Officer/Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov