



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Molits, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**  
 Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
 \* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 183847		2. Name of Corporation DEBLOIS GALLERY	
3. State of Incorporation RI		4. Corporate address in Rhode Island - Street Address 138 BELLEVUE AV.	
		City NEWPORT	Zip 02840
5. Foreign corporation. Enter principal office address		City	State Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name VALORIE SHERMAN		Vice President Name	
Street Address RHODE ISLAND AV		Street Address	
City NEWPORT	State RI	City	State Zip
Zip 02840			
Secretary Name MARION WILNER		Treasurer Name RONALD CAPLAIN	
Street Address MADISON ST		Street Address 295 ALBANY ST	
City FALL RIVER	State MA	City FALL RIVER	State MA
Zip 02720	Zip 02720		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name VALORIE SHERMAN		Director Name RONALD CAPLAIN	
Street Address RHODE ISLAND AV		Street Address 295 ALBANY ST	
City NEWPORT	State RI	City FALL RIVER	State MA
Zip 02840	Zip 02720		
Director Name MARION WILNER		Director Name	
Street Address MADISON ST		Street Address	
City FALL RIVER	State MA	City	State Zip
Zip 02720			
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name		Address	
Address		City	State Zip

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Signature of Officer: Ronald Caplain Date: 6/18/08  
 Print or Type Name of Officer: RONALD CAPLAIN  
 Title of Officer: TREASURER

File Date: **FILED**  
 Check No.: JUN 18 2008  
 By: 5097  
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