



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 31001 2. Name of Corporation SCITUATE ART FESTIVAL, INC
3. State of Incorporation Rhode Island 4. Corporate address in Rhode Island - Street Address PO BOX 46 City NORTH SCITUATE Zip 02857
5. Foreign corporation: Enter principal office address _____ City _____ State RI Zip _____

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island
Encouraging Arts & Crafts in the community by sponsoring an annual festival & craft exhibits with proceeds to benefit the local community thru scholarships, grants & competitions.

7. NAMES AND ADDRESSES OF THE OFFICERS (X=BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>CHRISTOPHER CALOURI</u> Street Address <u>141 WESTCOTT ROAD</u> City <u>NORTH SCITUATE</u> State <u>RI</u> Zip <u>02857</u>	Vice President Name <u>MALCOLM SPENCER</u> Street Address <u>47 SPRUCE BROOK ROAD</u> City <u>NO SCITUATE</u> State <u>RI</u> Zip <u>02857</u>
Secretary Name <u>ERNEST MARCURE</u> Street Address <u>SPRUCE BROOK ROAD</u> City <u>NO SCITUATE</u> State <u>RI</u> Zip <u>02857</u>	Treasurer Name <u>KATHLEEN BIANCHI</u> Street Address <u>130 PEET ROAD ROAD</u> City <u>NORTH SCITUATE</u> State <u>RI</u> Zip <u>02857</u>

8. NAMES AND ADDRESSES OF THE DIRECTORS (X=BOX FOR ATTACHMENT) 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 <u>EDWIN GOULD</u> Street Address <u>36 SPRUCE BROOK DRIVE</u> City <u>NORTH SCITUATE</u> State <u>RI</u> Zip <u>02857</u>	Director Name <u>JEANINE VACHON</u> Street Address <u>32 SILK LANE</u> City <u>NORTH SCITUATE</u> State <u>RI</u> Zip <u>02857</u>
Director Name <u>BRENDA FREDERICKSON</u> Street Address <u>CHOPMIST HILL ROAD</u> City <u>N SCITUATE</u> State <u>RI</u> Zip <u>02857</u>	Director Name <u>COLLEEN LAGUEUX</u> Street Address <u>564 ROCKY HILL ROAD</u> City <u>NORTH SCITUATE</u> State <u>RI</u> Zip <u>02857</u>

9. REGISTERED AGENT IN RHODE ISLAND - DONOT ALTER. Changes require filing of Form 641 - R.I.G.L. 6-13-78-78

Agent Name JANE G. GURZENDA Address 25 DANIELSON PIKE
Address PO BOX 46 City NORTH SCITUATE Zip 02857

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

FILED
File Date OCT 30 2008
Check No. 072025
By 11.45
FOR SECRETARY OF STATE USE ONLY

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.

Kathleen Bianchi 9/23/08
Signature of Officer Date
KATHLEEN BIANCHI
Printer Type Name of Officer
TREASURER
Title of Officer