



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 2007

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 RI 4. Corporate address in Rhode Island - Street Address 25 DANIELSON PIKE City NORTH SCITUATE Zip 02857
 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 Sponsor an Art Festival + Craft exhibits annually to encourage local crafts + to use the proceeds to fund local town programs in schools, libraries, scouts + to maintain the "Historic Congregational Church" in Scituate. Grants for non-profits.

7. NAMES AND ADDRESSES OF THE OFFICERS (SEE BOX FOR ATTACHMENT) FULLY LISTED FOR FOREIGN CORPORATIONS

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| President Name <u>CHRISTOPHER CAPOURI</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>NORTH SCITUATE</u> State <u>RI</u> Zip <u>02857</u> |
| Secretary Name <u>KATHLEEN BIANCHI</u> Street Address <u>130 PEOPLED ROAD</u> City <u>NORTH SCITUATE</u> State <u>RI</u> Zip <u>02857</u> | Treasurer Name <u>AL TRAZI</u> Street Address <u>11 APPLE VALLEY PKY #10</u> City <u>GREENVILLE</u> State <u>RI</u> Zip <u>02828</u> |

8. NAMES AND ADDRESSES OF DIRECTORS (SEE BOX FOR ATTACHMENT) FULLY LISTED FOR FOREIGN CORPORATIONS

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|---|---|
| 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>JOHN F WINFIELD</u> Street Address <u>PO BOX 216</u> City <u>NORTH SCITUATE</u> State <u>RI</u> Zip <u>02857</u> |
| Director Name <u>JAN SPENCER</u> Street Address <u>47 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> |

9. REGISTERED AGENT IN RHODE ISLAND. DO NOT ALTER. Changes require filing of Form 641. If you are the registered agent, you must file this form with your annual report.

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| Agent Name <u>JANE G. GURZENDA</u> Address <u>PO BOX 46</u> City <u>NORTH SCITUATE</u> Zip <u>02857</u> |
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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. _____
 By BY 072025 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 here are true and correct.

Kathleen Bianchi, Secretary 10/1/08
 Signature of Officer Date
KATHLEEN BIANCHI, SEC.
 Printed Name of Officer
SECRETARY
 Title of Officer

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