

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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.	2. Name of Corp	2. Name of Corporation				
132772	Rhode Islan	Rhode Island Chamber Music Concerts				
3. State of Incorporation	4. Corporate add	4. Corporate address in Rhode Island - Street Address		City	Zip	
Rhode Island	Box 1903, I	Brown University		Providence	02912	
5. Foreign corporation. Enter principal office address			City	State	Zip	
				i		
6. Brief Description of the char	acter of the affairs whic	ch are actually conducted in Rh	oode Island			
To present the finest ch	namber music pos	sible to the general pub	lic and to seek a larger audie	nce.		
7. NAMES AND ADDRE	SSES OF THE OF	FICERS: ("X" BOX FOR A	TTACHMENT) FILL IN SPA	CES BEFORE USING ATTA	CHMENTS	
President Name			Vice President Name			
Joan Lusk			Els Shine			
Street Address			Street Address			
Box 1903, Brown University			Box 1903, Brown University			
City	State	Zip	City	State	Zip	
Providence	RI	02912	Providence	RI	02912	
Secretary Name			Treasurer Name			
(none)			Samuel I. Beale			
Street Address			Street Address			
			Box 1903, Brown University			
City	State	Zip	City	State	Zip	
	ł		Providence	RI	02912	
			ATTACHMENT) FILL IN SPA			
	ECTORS OF A DO	MESTIC (RHODE ISLA	ND) CORPORATION SHALL	NOT BE LESS THAN THE	<u>REE</u> (3). R.I.G.L. 7-6-23	
Director Name			Director Name			
Joan Lusk			Samuel I. Beale			
Street Address			Street Address			
Box 1903, Brown University			Box 1903, Brown University			
City	State	Zip	City	State	<i>Ζψ</i>	
Providence	RI	02912	Providence	RI	02912	
Director Name Els Shine			Director Name			
Street Address			Street Address			
Box 1903, Brown Un	ivoroity		Sireer Address			
City	State	Zip	City	State	Zip	
Providence	RI	02912	Oily	Direct Control of the	l conp	
9. REGISTERED AGEN	•	•	•	I	I	
This information is curre	ently of record in th	e Office of the Secretary	of State. Changes require filing	of Form 641 - R.I.G.L. 7-6-	13/7-6-78	
This report	must be signed by	either the President, Vic	e President, Secretary, Assista	ant Secretary, Treasurer, Re	eceiver or Trustee	

File Date _	FILED			
Check No	JUN 02 2000			
Ву:	By \019			
FOR SECRETARY OF STATE USE ONLY				

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Under penalty of perjury, I declare and affirm treport, including any accompanying schedules at statements contained herein are true and correct.	nd statements, and that all
Ja-CAA-C	5/27/89
Signature of Officer	Date
Samuel I. Beale	
Print or Type Name of Officer	
Treasurer	
Title of Officer	Form 631 Rev. 09/17