

A. Ralph Mollis, Secretary of Sta Corporations Divisie 148 W. River Stre

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Providence, RI 02904-26. 401.222.30

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 Corporation					
<u> 3204 t</u>			LANCE FOR ARTS	IN EDUCATIO	N	
3. State of incorporation		Rbode Island - Street Addr		City	Ζŧρ	
<u>KT</u>	1 953 TUC	LERTOWN K	ZOAD	WAKEFIELD	02879	
5. Foreign corporation. Enter principal office address			City	State	Zф	
1./A						
5. Brief Description of the character	of the affairs which are a	ctually conducted in Rbode	Island			
An education	al organizi	ation to en	courage the tea	iching of arts in	n the schools	
7. NAMES AND ADDRESSE	S OF THE OFFICER	S: ("X" BOX FOR ATTA	CHMENT) 📋 FILL IN SPACES	BEFORE USING ATTACE	IMENTS	
President Name			Vice President Name			
Susan W	oy thaler		LUCICLE MOTA-COSTA			
Street Address	,		Street Address			
	MIN RD		34 PLENTY ST.			
City	State	Ζip	City	State	Zip	
MIDDLETOWN	127	02842	WARWICK	RI	02889	
Secretary Name	· · · · · · · ·		Treasurer Name			
HELENE SC	46-11		JAMES S. CROTHERS			
Street Address			Street Address			
210 BROOKHAVEN RD			953 TUCKERTOWN RD			
N, KINGS TOWN	State	02852	City	State	2 <del>ip</del>	
		102052	WAKEFIELD	IRI	102879	
8. NAMES AND ADDRESSE		RS: ('X' BOX FOR ATT	-	S BEFORE USING ATTACI		
	ORS OF A DOMEST	IC (RHODE ISLAND)	CORPORATION SHALL NO	T BE LESS THAN THREE	(3). R.I.G.L. 7-6-23	
Director Name	A		Director Name			
Leland Brown				Peler Deffet		
Street Address	- 2 777		Street Address			
48 CRESTWO	<del></del>	<del></del>	36 Hudson			
NArvaganset	State RT	Ztp	City	State	Ζψ	
Director Name	1 1/1	02882	PROVIDENCE	RI	02909	
	Lda		Director Name			
RICHARD LATHAM			MARTY SPRAGUE			
Street Address 54 VERDI RD			Street Address  Po Pov 11			
City	<del>-</del>	70.	PO BOX 11		***	
WESTERLU	State RT.	02891	SLOCUM	State R.I.	2φ 0.2 G 7.7	
7	RHODE ISLAND	100011	1 2 = 3.55 6	1	02877	
		3TU/VEDTO	A DD WAREFUE	7 N RT 47970	<b>\</b>	
This information is currently	of record in the Offic	e of the Secretary of St	N RD WAKEFIE ate. Changes require filing of F	orm 641 - R.I.G.L. 7-6-13/7	-6-78	
	<del></del>	<del></del>				
inis report musi	oe signed by either	me rressuent, vice Pr	esident, Secretary, Assistant S	ecretary, Treasurer, Receive	ver 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
71 10	statements contained herein are true and correct.
File Date / L/7	Signature of Officer Date
3852	Signature of Officer Date
Check No.	JAMES S. CROTHERS
By:	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	