Office of the Secretary of State

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 201

401.222.3040 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 View Boxt Chillery Organization				
3. State of Incorporation 4. Corporate address in Rhode Island Street Address 1000 - Sund Street Addre	L -71	"newport	0284D	
5. Foreign corporation. Enter principal office address	City	State	<i>Ті</i> р	
6. Brief Description of the character of the affairs which are actually conducted in Rhode Isla	ind		1	
Promotion of Art Making and Art Education in Mempert &I 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name	, —	FORE USING ATTACM	MEN 15	
Donna Waytum	Ise Buchert Nesbitt			
- 4 Equality Park Pace	Street Address 29 Elm	Street		
State 7 Da 840	newport	State	<sup>Z10</sup> 0284D	
Secretary Name Joan Mason	Treasurer Name  Athoriv	e T.Dy	er	
Street Address 93 gibbs avenue	Street Address ZG M	ary Street	21	
chy euport signer 2102840	new port	State	2284D	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTAC.	HMENT) TILL IN SPACES B	EFORE USING ATTACH	MENTS	
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	Director Name	C LEGG TIME	(3). M.I.G.L. /-0-23	
Tamar Kern Street Address,	Betty an	ne Mor	ris	
160 Spring Street	Street Address ()	ring Stre	et	
emport state RI 02840	"hewport	State R. I	74P 0284D	
Director Name Sandy Mac Donald	Director Name WOV	gan De	Vlin	
Street Address 210 Thames Street	Street Address 680	Bellevue	avenia	
con newport state RI D2840	newport	State - RI_	<sup>Z49</sup> 0284D	
9. REGISTERED AGENT IN RHODE ISLAND			- ,-	
This information is currently of record in the 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, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee				
J. J				

FILED File Date	<del></del>
JUN 0 2 2010 Check No.	<del></del>
By	

Inder penalty of perjury, I declare and affirm that I have e	examined this
eport, including any accompanying schedules and statement	s, and that all
eport, including any accompanying schedules and statement tatements contained herein are true and correct.	1.
	1.77

Print or Type Name of Officer