



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation**

**Annual Report**

*Filing Period: June 1 - June 30*

*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.*

**ANNUAL REPORT YEAR: 2010**

**1. Corporate ID No.** 000111585

**2. Name of Corporation** Rhode Island StoryTellers in Concert, Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 240 BRAMANS LANE

City or Town: PORTSMOUTH

State: RI Zip: 02871-3311 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PRODUCE AND PRESENT A STORYTELLING FESTIVAL IN NEWPORT COUNTY  
ANNUALLY

**7. Names and Addresses of the Officers and Directors:**

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L.  
7-6-23*

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	KATHY RYAN	BRIDGEPORT RD. TIVERTON, RI 02878 USA
PRESIDENT	CYNTHIA KILLAVEY	240 BRAMANS LANE PORTSMOUTH, RI 02871- USA
VICE PRESIDENT	ANNE MARIE FORER	MEDFORD ST. WARWICK, RI 02889 USA
DIRECTOR	PRISCILLA WIMPRESS	155 HARGRAVES PORTSMOUTH, RI 02871 USA
DIRECTOR	DAVID MELLO	C/O FALL RIVER LIBRARY, NORTH MAIN ST. FALL RIVER, MA 02720 USA
DIRECTOR	JAMES R KILLAVEY	240 BRAMANS LANE PORTSMOUTH, RI 02871 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CYNTHIA KILLAVEY 240 BRAMANS LANE PORTSMOUTH , RI 02871-

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.**

**Signed this 21 Day of March, 2011 at 1:21:17 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.**

By CYNTHIA KILLAVEY

Signature of Officer of the Corporation

President or  Vice President or  Secretary or  Assistant Secretary or  
 Treasurer or  Receiver or  Trustee (check one)

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.**

Form No. 631  
Revised 09/07