

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 2011

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 RI Council of the Arts		
3. State of incorporation 4. Corporate address in Phode Island - Street Address	Woonsocket 202895	
5. Foreign corporation. Enter principal office address	State Zip	
organization for Art organizations and activities		
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) [] FILL IN SPACES BEFORE USING ATTACHMENTS		
Ralph Coppolla	Vice Meddent Name Nolan	
Street Address 229 Burt St.	Street Address 9 Cozy Lane	
	Cumberland State RI 2102864	
Marlene Gagnon	Treaturer Name + rid Godin	
Street Apidres West gate Rc.	street Address mable Ave.	
Cumberland State R.I. 2102864	Woonsocket State RI. 2402895	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES BEFORE USING ATTACHMENTS	
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) C Directo Name	CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-25	
Romeo permiaune	Louise Boulanger	
47 Nature View Drive	Street platfess of Park Avel.	
Cil xbridge stateMA Zip 01569	Woonsucket sine t. 62895	
William Marrah	Director Vanne CVOSS	
37 Lafayette St-	Streng Address Wood land Rd.	
Woon sucket state RI. 2102895	Woons oct et state RII - 02895	
9. REGISTERED AGENT IN RHODE ISLAND		

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

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

FILED	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
File Date JUN 1 6 2011 Check No.	Signature of Officer MARLENE GAGNON STATEMENT OF STATEMENT STATE
FOR SECRETARY OF STATE USE ONLY	Print or Type Name of Officer Secretary Title of Officer Form 631 Rev. 09/17