



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000045802</b>		2. Exact name of the Corporation <b>South County Center for the Arts</b>			
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Community arts center</b>			
5. Principal office address <b>3481 Kingstown Road</b>		City <b>West Kingston</b>	State <b>RI</b>	Zip <b>02892</b>	
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input checked="" type="checkbox"/>					
President Name <b>Joseph Orlando</b>		Vice-President Name <b>Anna F Prager</b>			
Street Address <b>27 Dryden Lane</b>		Street Address <b>57 West Park Lane</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City <b>Kingston</b>	State <b>RI</b>	Zip <b>02881</b>
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>					
Director Name <b>Richard A Black, MD</b>		Director Name <b>Lise Iwon</b>			
Street Address <b>275 Meadow Tree Farm Road</b>		Street Address <b>540D Matunuck Beach Road</b>			
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
Director Name <b>Eric Widmer, PhD (Vice President 2)</b>		Director Name			
Street Address <b>645 Matunuck School House Road</b>		Street Address			
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

**FILED**

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

**MAY 29 2013**

**BY 6304**

**FOR SECRETARY OF STATE USE ONLY**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

*Joseph Orlando*  
Signature of Officer

**5/28/13**  
Date

**Joseph Orlando**

Print or Type Name of Officer

**President**

Title of Officer