



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. 29347		2. Exact name of the Corporation Saint Dunstan's College of Sacred Music			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Music Activities			
5. Principal office address 275 North Main Street			City Providence	State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name W. Nicholas Knisely			Vice-President Name James Rezendes		
Street Address 120 Cold Spring Lane			Street Address 108 John Scott Lane		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Elizabeth Crawley			Treasurer Name Robert L.G. Batchelor		
Street Address 110 Cold Spring Lane			Street Address 60 Fry Brook Drive		
City North Smithfield	State RI	Zip 02852	City East Greenwich	State RI	Zip 02818
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Edwin Hallenbeck			Director Name Virginia Heistand		
Street Address 101 Larchmont Road			Street Address 13 Teft Court		
City Warwick	State RI	Zip 02886	City Hope Valley	State RI	Zip 02832
Director Name Susan Carpenter			Director Name		
Street Address 190 Harmony Road			Street Address		
City North Scituate	State RI	Zip 02857	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
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

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY
 BY 1233

FILED
JUN 04 2013

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.

Elizabeth Crawley 6-1-13
 Signature of Officer Date
Elizabeth Crawley
 Print or Type Name of Officer
Secretary
 Title of Officer