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.	2. Exact name of the Corporation
555349	Stitchers by the Sea
3. State of Incorporation	**4. Brief description of the character of business conducted in Rhode Island**
RI	To preserve & foster the art of smocking & related needlework for future generations thru education, communication, & quality workmanship

5. Principal office address	City	State	Zip
72 Cardinal Drive	N. Kingstown	RI	02852

. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name			Vice-President Name		
Marie Cobleigh			Donna Boucher		
Street Address			Street Address		
72 Cardinal Drive			PO Box 236		
City	State	Zip	City	State	Zip
N. Kingstown	RI	02852	Foster	RI	02825
Secretary Name			Treasurer Name		
Ruthann Sisson			Janet Wallace		
Street Address			Street Address		
114C Sheffield Hill Road			4 Coggeshall Way		
City	State	Zip	City	State	Zip
Exeter	RI	02822	Middletown	RI	02842

. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name			Director Name		
Marie Cobleigh			Donna Boucher		
Street Address			Street Address		
72 Cardinal Drive			PO Box 236		
City	State	Zip	City	State	Zip
N. Kingstown	RI	02852	Foster	RI	02825
Director Name			Director Name		
Ruthann Sisson			Janet Wallace		
Street Address			Street Address		
114C Sheffield Hill road			4 Coggeshall Way		
City	State	Zip	City	State	Zip
Exeter	RI	02822	Middletown	RI	02842

. 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

FILED

JUN 21 2013

File Date _____

Check No _____ **By** mmc

By: _____ CK# 1159

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.

Janet Wallace 6/19/2013
Signature of Officer Date

JANET WALLACE
Print or Type Name of Officer

Treasurer
Title of Officer

Form No. 631
Revised: 05/2012

94016-13-870362