



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. 509190		2. Exact name of the Corporation Community String Project			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island provide affordable string lessons to students			
5. Principal office address 15 Hattie Brown Ln			City Bristol	State RI	Zip 02809
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Robert Arsenault			Vice-President Name Bruce Carlsten		
Street Address 15 Hattie Brown Ln			Street Address 85 Highland Rd.		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name Lois Grant			Treasurer Name MaryKae Wright		
Street Address 6 Francine St			Street Address 165 Wood St		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
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 JoAnne Camara			Director Name Keith Sartini		
Street Address 15 Wilcox Ln.			Street Address 338 Metacom Ave.		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Director Name Rebecca Forsyth			Director Name Lauren Macbeth		
Street Address 60 Sowams Rd			Street Address 6 Connolly Ave		
City Barrington	State RI	Zip	City Warren	State RI	Zip 02885
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

JUL 29 2013

BY _____

FILED

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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.

Robert Arsenault

7/23/13

Signature of Officer

Date

Robert Arsenault

Print or Type Name of Officer

Board President

Title of Officer