



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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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. 794075		2. Exact name of the Corporation Exchange Street Open Studios Plus			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Arts education and community involvement			
5. Principal office address 10 Exchange Court, Unit 707		City Pawtucket	State RI	Zip 02860	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Pamela Hughes		Vice-President Name Eric Delin			
Street Address 10 Exchange Court, #301		Street Address 10 Exchange Court, #101			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Joan Hausrath		Treasurer Name Linda Cohen			
Street Address 10 Exchange Court, #504		Street Address 10 Exchange Court, #601			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Pamela Hughes		Director Name Eric Delin			
Street Address 10 Exchange Court, #301		Street Address 10 Exchange Court, #101			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Director Name Joan Hausrath		Director Name Linda Cohen			
Street Address 10 Exchange Court, #504		Street Address 10 Exchange Court, #601			
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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, duly Authorized Representative, Receiver or Trustee

File Date _____

Check No _____

By: _____

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.

FILED

Linda M Cohen 4/30/14
Signature of Officer or Authorized Representative Date

Linda M Cohen, Treasurer
Print or Type Name of Officer or Authorized Representative

BY 111