



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000040054

**2. Name of Corporation** VSA arts of Rhode Island

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 500 PROSPECT STREET

City or Town: PAWTUCKET

State: RI Zip: 02860 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO PROVIDE OPPORTUNITIES IN THE ARTS FOR PEOPLE WITH DISABLIITIES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ROSEMARY BURNS	142 BEACON AVENUE JAMESTOWN, RI 02836 USA
DIRECTOR	ROBERT PRYHODA	190 ROCHAMBEAU AVE PROVIDENCE, RI 02906 USA
DIRECTOR	FREDERICK RADWAY	VP SOVERIGN BANK, 255 NEWPORT AVE

DIRECTOR	KIM ASH	EAST PROVIDENCE, RI 02916 USA 10 ARMISTICE BLVD PAWTUCKET, RI 02860 USA
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**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ROBERT M. PRYHODA VERY SPECIAL ARTS RHODE ISLAND 500 PROSPECT STREET  
PAWTUCKET , RI 02860

**9. This report must be signed by either the President, Vice President, Secretary, Assistant  
Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 22 Day of May, 2014 at 12:33:46 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By ROSEMARY BURNS  
Signature of Authorized Person

Form No. 631  
Revised 09/07