



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. 551937		2. Exact name of the Corporation The Art Connection in Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Solicits original art works to be donated and placed at public nonprofit agencies serving vulnerable populations.			
5. Principal office address 197 Elmgrove Ave		City Providence		State RI	Zip 02906
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Wendy Ingram		Vice-President Name Ruth Clegg			
Street Address 197 Elmgrove Ave		Street Address 626 Ives Rd			
City Providence	State RI	Zip 02906	City E. Greenwich	State RI	Zip 02818
Secretary Name Louise Swanson		Treasurer Name Charles Denno			
Street Address 276 Benefit St		Street Address 102 Hood Ave			
City Providence	State RI	Zip 02903	City Rumford	State RI	Zip 02916
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☒					
Director Name Peter Hacunda		Director Name James Scott			
Street Address 274 Benefit St		Street Address 56 Alpine Way			
City Providence	State RI	Zip 02903	City Slatersville	State RI	Zip 02876
Director Name Gretchen Heath		Director Name Dannie Ritchie			
Street Address 881 Hope St		Street Address 57 Woodbine St			
City Bristol	State RI	Zip 02809	City Providence	State RI	Zip 02906
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

FILED

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

MAY 28 2014

1013

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.

Signature of Officer or Authorized Representative

Date

Print or Type Name of Officer or Authorized Representative

Additional Directors of The Art Connection in Rhode Island

Annual Report 2014 for the RI Secretary of State

Antonio	Aguilar	151 Broadway, Suite 200	Providence	RI	02903
Rebecca	Leuchak	50 Boylston St	Providence	RI	02906