



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. 29347		2. Exact name of the Corporation Saint Dunstan's College of Sacred Music			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Music Activities			
5. Principal office address 275 North Main Street		City Providence		State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name W. Nicholas Knisely		Vice-President Name James Rezendes			
Street Address 120 Cold Spring Lane		Street Address 108 John Scott Lane			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Elizabeth Crawley		Treasurer Name Robert L.G. Batchelor			
Street Address 110 Cold Spring Lane		Street Address 60 Fry Brook Drive			
City North Kingstown	State RI	Zip 02852	City East Greenwich	State RI	Zip 02818
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Edwin Hallenbeck		Director Name Patrick Greene			
Street Address 101 Larchmont Road		Street Address 27 Burnside Avenue			
City Warwick	State RI	Zip 02886	City Riverside	State RI 02915	Zip
Director Name Virginia Heistand		Director Name			
Street Address 13 Teft Court		Street Address			
City Hope Valley	State RI	Zip 02832	City	State	Zip
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

JUN 04 2014

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.

Elizabeth Crawley 6/3/14
Signature of Officer or Authorized Representative Date

Elizabeth Crawley

Print or Type Name of Officer or Authorized Representative