



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. 000045802

2. Name of Corporation SOUTH COUNTY CENTER FOR THE ARTS

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 3481 KINGSTOWN ROAD

City or Town: WEST KINGSTON

State: RI Zip: 02892 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

COMMUNITY ARTS CENTER

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	JOSEPH ORLANDO	27 DRYDEN LANE PROVIDENCE, RI 02904 USA
TREASURER	DANIEL J HAGERTY	5943 POST ROAD NORTH KINGSTOWN, RI 02852 USA
SECRETARY	BRAD HEVENOR	94 COLUMBIA STREET

		WAKEFIELD, RI 02880 USA
VICE PRESIDENT	RICHARD A BLACK	275 MEADOW TREE FARM ROAD WAKEFIELD, RI 02879 USA
DIRECTOR	LISE IWON	5400 MATUNUCK BEACH ROAD WAKEFIELD, RI 02879 USA
DIRECTOR	MARK S OLTEDALE	5853 POST ROAD EAST GREENWICH, RI 02818 USA
DIRECTOR	ERIC WIDMER PHD	645 MATUNUCK SCHOOL HOUSE ROAD WAKEFIELD, RI 02879 USA

**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**

DEBORAH WEPMAN 3481 KINGSTOWN ROAD PO BOX 186 WEST KINGSTON , RI 02892

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

Signed this 5 Day of June, 2014 at 12:20:50 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 ROSEMARIE A RUSSO
Signature of Authorized Person

Form No. 631
Revised 09/07