



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. 73173		2. Exact name of the Corporation Tiverton Four Corners Center for Arts & Education			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island The Four Corners Arts Center provides the Arts to Newport County			
5. Principal office address 3852 Main Road			City Tiverton	State RI	Zip 02871
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Rosalind M. Weir			Vice-President Name		
Street Address 26 Main Street			Street Address		
City Adamsville	State RI	Zip 02871	City	State	Zip
Secretary Name Tiffany Peay			Treasurer Name		
Street Address 544 High Street			Street Address		
City Fall River	State MA	Zip 02720	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Jennifer Teichman			Director Name Kathrine Lovell		
Street Address 57 Linda Avenue			Street Address 3895 Main Road		
City Portsmouth	State RI	Zip 02871	City Tiverton	State RI	Zip 02878
Director Name Kristin Silveira			Director Name		
Street Address 4042 Main Road			Street Address		
City Tiverton	State RI	Zip 02878	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

File Date _____
 Check No. _____
 By: _____ BY **2979**
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FILED
 JUN 10 2014
 2979

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.

Rosalind M. Weir 6/9/14
 Signature of Officer or Authorized Representative Date

Rosalind M. Weir
 Print or Type Name of Officer or Authorized Representative