



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. 30203		2. Exact name of the Corporation The Wickford Art Association			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Non Profit arts organization			
5. Principal office address 36 Beach Street		City North Kingstown		State RI	Zip 02852
President Name Judith Anderson		Vice-President Name Tracy Taylor			
Street Address 101 Hamilton-Allenton Road		Street Address 67 Lake Drive			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Robin Beckwith		Treasurer Name Michael Salk			
Street Address 26 Young Ave		Street Address 274 South Main Street			
City Warwick	State RI	Zip 02889	City Providence	State RI	Zip 02903
Director Name Carole Berren		Director Name Claudia Crevier			
Street Address 65 Hedgerow Drive		Street Address 53 Thelma Street			
City Warwick	State RI	Zip 02886	City North Providence	State RI	Zip 02904
Director Name Vicotira Corey		Director Name Marianne Guarnieri			
Street Address 37 Woodhaven Road		Street Address 42 Manning Street			
City North Kingstown	State RI	Zip 02852	City North Providence	State RI	Zip 02911

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

JUL 11 2014

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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

7/9/14

Date

Michael Salk, Treasurer

Print or Type Name of Officer or Authorized Representative