



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 2015

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. 121521		2. Exact name of the Corporation Anchor Arts, Inc.			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Non-Profit organization dedicated to developing and producing multi-media productions featuring disabled persons in able bodied roles.			
5. Principal office address 92 Glendale Drive		City West Warwick		State RI	Zip 02871
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Richard Cunha		Vice-President Name Maureen Barnes			
Street Address 253 Wilbur Avenue		Street Address 255 West 43rd St.			
City Swansea	State MA	Zip 02777	City New York	State NY	Zip 10023
Secretary Name Cassandra Batson		Treasurer Name Cassandra Batson			
Street Address P.O. Box 168		Street Address P.O. Box 168			
City New Haven	State WV	Zip 25265	City New Haven	State WV	Zip 25265
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐					
Director Name Richard Cunha		Director Name Cassandra Batson			
Street Address 253 Wilbur Avenue		Street Address P.O. Box 168			
City Swansea	State MA	Zip 02777	City New Haven	State WV	Zip 25265
Director Name Maureen Barnes		Director Name			
Street Address 255 West 43rd St.		Street Address			
City New York	State NY	Zip 10023	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

MAY 04 2015

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.

Signature of Officer or Authorized Representative

Date

Richard Cunha

Print or Type Name of Officer or Authorized Representative