



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: 2015

1. Corporate ID No. 000083847

2. Name of Corporation DE BLOIS GALLERY CORPORATION

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 295 ALBANY ST
151 BUSHER DRIVE

City or Town: FALL RIVER State: RI Zip: 02720 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 295 ALBANY ST

City or Town: FALL RIVER State: MA Zip: 02720 Country: UNI

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO PROMOTE THE ART WORK OF THE ASSOCIATION MEMBERS ALSO THEWORK OF LOCAL AND REGIONAL ARTISTS WORKING AS PAINTERS.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	LISA TOBIN	151 BUSHER DR MIDDLETOWN, RI 02842 USA
OTHER OFFICER	RON CAPLAIN	295 ALBANY ST

		FALL RIVER, MA 02720 UNI
OTHER OFFICER	RON CAPLAIN	295 ALBANY ST FALL RIVER, MA 02720 UNI
DIRECTOR	VALORIE SHEEHAN	155 RHODE ISLAND AVENUE NEWPORT, RI 02840 USA
DIRECTOR	MARION WILNER	786 MADISON ST FALL RIVER, MA 02720 USA
DIRECTOR	RONALD CAPLAIN	295 ALBANY ST FALL RIVER, MA 03730 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**

LISA TOBIN 134 AQUIDNECK AVENUE MIDDLETOWN , RI 02842

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

Signed this 27 Day of May, 2015 at 1:55:32 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 RONALD CAPLAIN
Signature of Authorized Person

Form No. 631
Revised 09/07