



**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. <b>894346</b>		2. Exact name of the Corporation <b>Jamestown Performing Arts Association</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>For the advancement of the performing arts within the community of Jamestown, RI</b>			
5. Principal office address <b>61 Steamboat Street</b>		City <b>Jamestown</b>		State <b>RI</b>	Zip <b>02835</b>
President Name <b>Bruce J. Whitehouse</b>		Vice-President Name <b>Janet Grant</b>			
Street Address <b>61 Steamboat Street</b>		Street Address <b>12 Pardon Tucker</b>			
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>
Secretary Name <b>John Grant</b>		Treasurer Name <b>Sue Nicholson</b>			
Street Address <b>12 Pardon Tucker</b>		Street Address <b>292 East Shore Road</b>			
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>
Director Name <b>Judy Nelson</b>		Director Name <b>Patricia Perry</b>			
Street Address <b>368 East Shore Road</b>		Street Address <b>974 East Shore Road</b>			
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>
Director Name <b>Dorothy Strang</b>		Director Name <b>Christine W. Ariel</b>			
Street Address <b>21 Riptide Street</b>		Street Address <b>61 Steamboat Street</b>			
City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>	City <b>Jamestown</b>	State <b>RI</b>	Zip <b>02835</b>

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 08 2015

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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.

*Bruce J. Whitehouse* 7/1/15  
 Signature of Officer or Authorized Representative Date

**Bruce J. Whitehouse**

Print or Type Name of Officer or Authorized Representative