

Amended



**State of Rhode Island and Providence Plantations
Department of State - Business Services Division**

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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIVISION
2016 MAY 26 AM 11:11

Non-Profit Corporation Annual Report for the year: 2016

Filing period: June 1 - June 30

Filing Fee: \$20.00 *FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE

1. Entity ID Number 165117		2. Exact name of the Corporation Imago Foundation for the Arts	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island IFA SERVES ARTISTS AND THE COMMUNITY THROUGH ITS VISUAL ARTS PROGRAMS, LITERARY EVENTS, AND ARTS-RELATED INITIATIVES	
5. Principal Office Address 36 MARKET ST.		City WARREN	State RI
		Zip 02885	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MICHAEL SOMERS		Vice-President Name SUSAN ROTBLAT-WALKER	
Street Address 551 BEDFORD ST, UNIT C3		Street Address 24 BEACH RD	
City WHITMAN	State MA	City BRISTOL	State RI
Zip 02382		Zip 02809	
Secretary Name ANNE MARIE ROSSI		Treasurer Name *NEW* HOWARD ROTBLAT-WALKER	
Street Address 20 FACES		Street Address 24 BEACH RD	
City BARRINGTON	State RI	City BRISTOL	State RI
Zip 02806		Zip 02809	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name MARY DONDERO		Director Name LINDA MEGATHLIN	
Street Address 30 CUTLER ST #203		Street Address 42 MARKET ST	
City WARREN	State RI	City WARREN	State RI
Zip 02885		Zip 02885	
Director Name PASCARE LORD		Director Name KATIE HUTCHISON	
Street Address 11 MANOR RD		Street Address 2 Bradbury St	
City BARRINGTON	State RI	City WARREN	State RI
Zip 02806		Zip 02885	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
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.			
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.			
Name of Officer/Authorized Representative Howard Rotblat-Walker			Date 5/23/2016
Signature of Officer/Authorized Representative Howard Rotblat-Walker			Treasurer

* Fee previously paid w/ check #823 dated 5/16/16. This is an amended filing.

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MAY 26 2016

By VM