



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

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: 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		2. Exact name of the Corporation			
789001		Block Island Poetry Project, Inc.			
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island			
RI		to cultivate a learning community of artists			
5. Principal Office Address		City	State	Zip	
PO Box 53		New Shoreham	RI	02807	
6. List ALL officers (names and addresses)		Check the box to indicate an attachment ☐			
President Name		Vice-President Name			
Lisa Starr					
Street Address		Street Address			
PO Box 464					
City	State	Zip	City	State	Zip
New Shoreham	RI	02807			
Secretary Name		Treasurer Name			
Eileen Miller		Tracy Dillion			
Street Address		Street Address			
PO Box 698		PO Box 517			
City	State	Zip	City	State	Zip
New Shoreham	RI	02807	New Shoreham	RI	02807
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.		Check the box to indicate an attachment ☐			
Director Name		Director Name			
Tracy Dillion		Lisa Starr			
Street Address		Street Address			
PO Box 517		PO Box 464			
City	State	Zip	City	State	Zip
New Shoreham	RI	02807	New Shoreham	RI	02807
Director Name		Director Name			
Eileen Miller		Lisa Sprague			
Street Address		Street Address			
PO Box 698		PO Box 53			
City	State	Zip	City	State	Zip
New Shoreham	RI	02807	New Shoreham	RI	02807
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 841.					
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					Date
Lisa Sprague (Lisa Sprague)					5-18-16
Signature of Officer/Authorized Representative					
Lisa Sprague					SIGN DOCUMENT HERE

FILED

MAY 31 2016

BY

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