



**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 <b>57615</b>		2. Exact name of the Corporation <b>Ocean State Poets</b>	
3. State of Incorporation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>Bringing the art of poetry to the community, especially underserved areas.</b>	
5. Principal Office Address <b>40 Web Ave #8</b>		City <b>North Kingstown</b>	State <b>RI</b>
		Zip <b>02852</b>	
6. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>Kathleen T. O'Kula</b>		Vice-President Name <b>JULIANA ANDERSON</b>	
Street Address <b>40 Web Ave #8</b>		Street Address <b>43 THAYER ST</b>	
City <b>North Kingstown</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02852</b>		Zip <b>02906</b>	
Secretary Name <b>Carol Anderheggen</b>		Treasurer Name <b>HEATHER SULLIVAN</b>	
Street Address <b>793 Bristol Ferry Road</b>		Street Address <b>287 TURNPIKE AVE #2</b>	
City <b>Portsmouth</b>	State <b>RI</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>
Zip <b>02871</b>		Zip <b>02871</b>	
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>Pat La Rose</b>		Director Name	
Street Address <b>38 Bedford Drive</b>		Street Address	
City <b>Wakefield</b>	State <b>RI</b>	City	State
Zip <b>02879</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <b>Kathleen T O'Kula</b>			Date <b>June 2, 2016</b>
Signature of Officer/Authorized Representative 			

**FILED**

JUN 06 2016

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