RI SOS Filing Number: 201600395020 Date: 06/08/2016 4:00 PM

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
793569	**Arts Guild of Woonsocket**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
RI	**Educating the public about arts in Woonsocket**

5. Principal Office Address	City	State	Zip
97 Napoleon Street	**Woonsocket**	**RI**	**02895**

6. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **Constance A. Anderson**			Vice-President Name		
Street Address **97 Napoleon Street**			Street Address		
City **Woonsocket**	State **RI**	Zip **02895**	City	State	Zip
Secretary Name **Lorraine Boisvert**			Treasurer Name **Judith Potter**		
Street Address **61 Morin Street**			Street Address **281 Harris Avenue**		
City **Woonsocket**	State **RI**	Zip **02895**	City **Woonsocket**	State **RI**	Zip **02895**

7. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment ☐

Director Name **Keith Hainley**			Director Name **Mark Anderson**		
Street Address **50 Sydney Avenue**			Street Address **97 Napoleon Street**		
City **Woonsocket**	State **RI**	Zip **02895**	City **Woonsocket**	State **RI**	Zip **02895**
Director Name **Claire Achilles**			Director Name		
Street Address **95 Napoleon Street**			Street Address		
City **Woonsocket**	State **RI**	Zip **02895**	City	State	Zip

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	Date
Constance A. Anderson	**6-2-2-2016**

Signature of Officer/Authorized Representative

Constance A Anderson

FILED
JUN 08 2016
BY 226 DS

Form No. 631
Revised: 2016

137877-25-1127586