



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 2016

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. 73173		2. Exact name of the Corporation Tiverton Four Corners Center for Arts Education			
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Provide quality Arts Programming to Families & Individuals at Tiverton Four Corners			
5. Principal office address 3852 Main Road		City Tiverton	State RI	Zip 02878	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Moselind M. Weir			Vice-President Name		
Street Address 26 River Road 02807			Street Address		
City Westport	State MA	Zip 02790	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Kathrine Lovell			Director Name Stephen Kinane		
Street Address 3895 Main Road			Street Address 3842 Main Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Director Name Charles Barmonde			Director Name		
Street Address 3856 Main Road			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
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

File Date _____
 Check No _____
 By _____
 FOR SECRETARY OF STATE USE ONLY BY _____

FILED

JUN 14 2016

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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.

Signature of Officer or Authorized Representative

Date

6.6.16

Jennifer Sunderland
 Print or Type Name of Officer or Authorized Representative