



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

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2016 JUN 17 AM 11:46

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		
141751		MUSICA MARIS		
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island		
RI		Production of classical music concerts		
5. Principal Office Address		City	State	Zip
69 LAWTON FOSTER SOUTH		HOPKINTON	RI	02833
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>				
President Name		Vice-President Name		
FLORENCE HERMAN		MARIA ELENA GIUSTI		
Street Address		Street Address		
WILLIAM ST 125		69 LAWTON FOSTER SOUTH		
City	State	City	State	Zip
S. DARTMOUTH	MA	HOPKINTON	RI	02833
Zip	02748	Zip	02833	
Secretary Name		Treasurer Name		
MICHAEL BAHMANN		JOHN NELSON		
Street Address		Street Address		
69 LAWTON FOSTER SOUTH		601 WEST MAIN RD		
City	State	City	State	Zip
HOPKINTON	RI	LITTLE COMPTON	RI	02837
Zip	02833	Zip	02837	
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		Director Name		
FLORENCE HERMAN		MARIA ELENA GIUSTI		
Street Address		Street Address		
125 WILLIAM ST.		69 LAWTON FOSTER S.		
City	State	City	State	Zip
S. DARTMOUTH	MA	HOPKINTON	RI	02833
Zip	02748	Zip	02833	
Director Name		Director Name		
MICHAEL BAHMANN		JOHN NELSON		
Street Address		Street Address		
69 LAWTON FOSTER SOUTH		601 W. MAIN RD		
City	State	City	State	Zip
HOPKINTON	RI	LITTLE COMPTON	RI	02837
Zip	02833	Zip	02837	
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
MICHAEL BAHMANN				06/16/16
Signature of Officer/Authorized Representative				

FILED

JUN 17 2016

BY CU 276938