



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2016

**1. Corporate ID No.** 000029415

**2. Name of Corporation** WARWICK CENTER FOR THE ARTS, INC.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 3259 POST ROAD

City or Town: WARWICK

State: RI

Zip: 02886

Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

AN ART MUSEUM.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

*THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23*

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	STEPHANIE HESSLER	3259 POST ROAD WARWICK , RI 02886 USA
TREASURER	JENNIFER LUCENTE	3259 POST ROAD WARWICK, RI 02886 USA
SECRETARY	BRIANNE NEPTIN	3259 POST ROAD

		WARWICK, RI 02886 USA
VICE PRESIDENT	PAM UNWIN-BARKLEY	3259 POST ROAD WARWICK, RI 02886 USA
DIRECTOR	DIANE NEWMAN-GOINS	3259 POST ROAD WARWICK, RI 02886 USA
DIRECTOR	NICOLE MARTUCCI	3259 POST ROAD WARWICK, RI 02886 USA
DIRECTOR	SUSAN AITCHESON	3259 POST ROAD WARWICK, RI 02818 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

MICHELLE PLACE GLEASON 3259 POST ROAD WARWICK , RI 02886

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 18 Day of June, 2016 at 1:05:11 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By JENNIFER LUCENTE  
Signature of Authorized Person

Form No. 631  
Revised 09/07