

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016 **Non-Profit Corporation**

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

CLOS IVED ETABLY OF STATE ECTRATIONS DIV

2016 JUN 20 AH 11: 29

1. Entity ID Number						
591498	Providend	ce Biennial for C	ontemporary Art, Inc.			
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island					
RI	The nonprofit Providence Biennial presents visual art to public audiences.					
5. Principal Office Address			City	State	Zip	
26 Old Tannery Rd.			Providence	RI	02906	
6. List ALL officers (names and	addresses)		· · · · · · · · · · · · · · · · · · ·	Check the box to i	ndicate an attachment 🗸	
President Name Judith Tolnick Champa			Vice-President Name Leora Maltz-Leca			
Street Address 26 Old Tannery Rd.			Street Address 85 Tipping Rock Drive			
^{City} Providence	State RI	^{Zip} 02906	City East Greenwich	State RI	^{Zip} 02818	
Secretary Name Judith Tolnick Champa			Treasurer Name Leora Maltz-Leca			
Street Address as above			Street Address as above			
City	State	Zip	City	State	Zip	
7. List ALL directors (names and	l addresses). I	RI Corporations MI	JST list at least THREE direct		to indicate an attachment	
Director Name Joan M. Caine			Check the box to indicate an attachment Director Name Joe Leduc			
Street Address 4 Drowne Parkway			Street Address 163 West Forest Ave.			
City Rumford	State RI	^{Zip} 02916	^{City} Pawtucket	State RI	^{Zip} 02860	
Director Name Pamela Markham Heller			Director Name Lisa Utman Randall			
Street Address 2 Bayberry Rd.			Street Address 347 Shermantown Rd.			
City Westerly	State RI	^{Zip} 02891	City Saunderstown	State RI	^{Zip} 02874	
8. Registered Agent in Rhode Is	and. This infor	mation is currently of	record in the Department of State	. Changes require filin	g Form 641.	
Under penalty of perjury, I dec statements, and that all staten				any accompanying	g schedules and	
This report must be signed by either the F	resident, Vice-Pre	esident, Secretary, Assis	tant Secretary, Treasurer, duly Authoriz	ted Representative, Rece	iver or Trustee.	
Name of Officer/Authorized Representative				Date		
Judith Tolnick Champa			6/20/16			
Signature of Officer/Authorized R	-		100	01		
Judith Tolnick Champa	<u> </u>	HAMPE U	Digitelly signed by Judith Tolnick Date: 2016.06:20 09:43:25 -04'0	o' Cnampa	W) \	
					10	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

JUN 2 0 2016 BY ON 277046

FORM 631 - Revised: 05/2016

ADDENDUM to 2016 Annual Report Providence Biennial for Contemporary Art, Inc.

(3) Additional directors (names and addresses).

Director Name

Cassie A. Sammartino

Street Address 95 Peaceful Lane

City

No. Kingstown

State

RΙ

Zip 02852

Director Name

Mindy Wachtenheim

Street Address 25 Balton Rd.

City

Providence

State

RI

Zip 02906

Director Name

Chira DelSesto

Street Address 24 Tome St.

City

Cranston

State

RΙ

Zip

02920