



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.

1. Entity ID Number 66345		2. Exact name of the Corporation OCEAN STATE ARTISANS			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island To raise the artistic conscience of Rhode Islanders through various mediums <input checked="" type="checkbox"/>			
5. Principal Office Address 55 ISLAND DRIVE		City COVENTRY	State RI	Zip 02816	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Norma McEntee			Vice-President Name Chris Foster		
Street Address 2164 Cranston Street			Street Address 27 Carrington Street		
City Cranston	State RI	Zip 02920	City Lincoln	State RI	Zip 02865
Secretary Name Terry Haydt			Treasurer Name Paul DiCarlo		
Street Address 102 Beverly Road			Street Address 55 Island Drive		
City Riverside	State RI	Zip 02915	City Coventry	State RI	Zip 02816
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 Mary Larson			Director Name Trish York		
Street Address 11 Carol Avenue			Street Address 870 Warwick Avenue		
City Newport	State RI	Zip 02840	City Warwick	State RI	Zip 02888
Director Name Kathie Feeney			Director Name		
Street Address 14 Ingersoll Avenue			Street Address		
City Warwick	State RI	Zip 02886	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>					
Name of Officer/Authorized Representative Paul DiCarlo, Treasurer				Date 6/17/16	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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