



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. 000028809

2. Name of Corporation The Museum Associates

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 224 BENEFIT STREET

City or Town: PROVIDENCE

State: RI

Zip: 02903

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

STIMULATING PUBLIC INTEREST IN AND SUPPORT OF THE RI SCHOOL OF DESIGN 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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	CAROL JONES	152 CROMPTON AVENUE, APT. 10 EAST GREENWICH, RI 02818 USA
SECRETARY	VICTORIA VEH	413 LLOYD AVE PROVIDENCE, RI 02906 USA

TREASURER	JUDITH CLEAVELAND	25 SEA GRASS WAY NORTH KINGSTOWN, RI 02852 USA
DIRECTOR	CHERYL ANDREOZZI	38 HIGHLAND ROAD BRISTOL , RI 02809 USA
DIRECTOR	CAROL JONES	152 CROMPTON AVE. EAST GREENWICH, RI 02818 USA
DIRECTOR	JUDITH CLEAVELAND	25 SEA GRASS WAY N. KINGSTOWN, RI 02852 USA
DIRECTOR	VICTORIA VEH	413 LLOYD AVE. PROVIDENCE, RI 02906 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**

JUDITH CLEAVELAND 25 SEA GRASS WAY WICKFORD , RI 02852

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

Signed this 30 Day of June, 2016 at 8:21:25 AM 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 JUDITH CLEAVELAND
Signature of Authorized Person

Form No. 631
Revised 09/07

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