



**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.** 000791481

**2. Name of Corporation** Part of the Oath, Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: PO BOX 40758  
City or Town: PROVIDENCE State: RI Zip: 02940 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**

TO EDUCATE THE GENERAL PUBLIC OF ALL AGES ON SOCIAL AND HEALTH ISSUES  
THROUGH THE PERFORMING ARTS

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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

<b>Title</b>	<b>Individual Name</b>	<b>Address</b>
PRESIDENT	COLLEEN PAULA CAVANAUGH	Address, City or Town, State, Zip Code, Country 4 KERWIN AVE MATTAPoisett, MA 02739 US
TREASURER	SUE CIPRIANO	16 MADISON ST PAWTUCKET, RI 02861 USA

SECRETARY	ALAN PICKART	79 IVAN ST NORTH PROVIDENCE, RI 02904 USA
DIRECTOR	LISA DOMAGALSKI	17 DOWNING DR NORTON, MA 02766 USA
DIRECTOR	DANIELLE GENEST	14 PLEASANT ST NEWPORT, RI 02840 USA
DIRECTOR	ELYSSA CIPRIANO	16 MADISON ST PAWTUCKET, RI 02861 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**

ALAN PICKART 79 IVAN STREET,#37 NORTH PROVIDENCE , RI 02904

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

**Signed this 8 Day of July, 2016 at 11:21:20 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 COLLEEN PAULA CAVANAUGH  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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