



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. 000109340

2. Name of Corporation The Foundry Artists Association, Inc.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 8773

City or Town: CRANSTON State: RI Zip: 02920 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 CREATE A UNIFIED PROFESSIONAL VENUE WHERE FREELANCE ARTISTS CAN EXHIBIT AND MARKET THEIR WORK TO THE PUBLIC.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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	MIKE BRYCE	1005 MAIN STREET UNIT 2204 PAWTUCKET, RI 02860 USA
TREASURER	ROBERT FISHMAN	34 TOP STREET PROVIDENCE, RI 02906 USA

DIRECTOR	REBECCA ZHUKOV MS.	29 SESSIONS STREET PROVIDENCE, RI 02906 USA
SECRETARY	ERIC STURTEVANT	P.O BOX 8773 CRANSTON , RI 02920 USA
DIRECTOR	BARBARA MATERNA	1005 MAIN STREET PAWTUCKET, RI 02860 US
DIRECTOR	SCOTT SIMMONS	10 FERRER ROAD JOHNSTON, RI 02919 USA
DIRECTOR	WILLIAM RIKER	P.O.BOX 8773 CRANSTON, RI 02920 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**

SCOTT SIMMONS 10 FERRER ROAD JOHNSTON , RI 02919

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

Signed this 1 Day of August, 2016 at 11:22:54 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 MIKE BRYCE
Signature of Authorized Person

Form No. 631
Revised 09/07

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