



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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

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- 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 <u>063391</u>		2. Exact name of the Corporation <b>Because Art Always Matters, Cumberland, Inc.</b>	
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>Promote/support fine/performing arts for town students, to promote community support</b>	
5. Principal Office Address <u>97 Hope St</u>		City <b>Cumberland</b>	State <b>RI</b>
		Zip <b>02864</b>	Check the box to indicate an attachment <input type="checkbox"/>
6. List ALL officers (names and addresses)			
President Name <b>Gail Dubois</b>		Vice-President Name <b>None</b>	
Street Address <b>97 Hope Street</b>		Street Address	
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City
Secretary Name <b>Shirley Villeneuve</b>		Treasurer Name <b>Gail Dubois</b>	
Street Address <b>6 Magnolia Lane</b>		Street Address <b>97 Hope Street</b>	
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>
		State <b>RI</b>	Zip <b>02864</b>
7. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <b>Gail Dubois</b>		Director Name <b>Deborah Draper</b>	
Street Address <b>97 Hope Street</b>		Street Address <b>10 Womantum Lane</b>	
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	City <b>Cumberland</b>
Director Name <b>Tim Draper</b>		Director Name	
Street Address <b>10 Womantum Lane</b>		Street Address	
City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>	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.			
<b>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.</b>			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duty Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative <b>Gail Dubois</b>		Date <b>6/30/16</b>	
Signature of Officer/Authorized Representative <i>Gail Dubois</i>		<b>FILED</b>	

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BY Le 280543

**MAIL TO:**  
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