



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2016**

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE

RECEIVED
 R.I. DEPT. OF STATE
 BUS. SVCS. DIV.
 APR 10 PM 1:27
 02885

1. Entity ID No. 001658693		2. Exact name of the Corporation Made in Warren	
3. State of Incorporation RI		4. Brief description of the character of business conducted in Rhode Island Artist Cooperative	
5. Principal office address 476 Main Street		City Warren	State RI
		Zip 02885	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
President Name Mary Hunt		Vice-President Name Jade Gotauco	
Street Address 50 Wheaton St.		Street Address 665 Metacom Ave.	
City Warren	State RI	Zip 02885	
Secretary Name Danielle Vaillancourt		Treasurer Name Donna St. Amant	
Street Address 2165 Riverside Ave.		Street Address 2 Fox Lane	
City Somerset	State MA	Zip 02726	
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Director Name Mary Hunt		Director Name Jade Gotauco	
Street Address 50 Wheaton St.		Street Address 665 Metacom Ave.	
City Warren	State RI	Zip 02885	
Director Name Danielle Vaillancourt		Director Name Donna St. Amant	
Street Address 2165 Riverside Ave.		Street Address 2 Fox Lane	
City Somerset	State MA	Zip 02726	
8. REGISTERED AGENT IN RHODE ISLAND			
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.			

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

File Date _____
 Check No _____
 By: _____

FILED

APR 10 2017

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.

[Signature]
 Signature of Officer or Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY

BY 3005027
A.A. 1:27pm

Mary Hunt
 Print or Type Name of Officer or Authorized Representative