RI SOS Filing Number: 201743265840 Date: 5/16/2017 12:37:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

2017 HAY 16 PM 12: 36

→ Penalty: Additional \$25.00 fee if	form is not filed by .	July 30.		2011 [;	——————————————————————————————————————	· J@
1. Entity ID Number	2. Exact name of	f the Corporation		.		
000144087	Friends of Excellence in Arts Education					
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
R.I.	a 50103 that supports quality acts in education; visual arts, music, theaters dance					
5 Deignal of Control				<u> </u>		
5. Principal Office Address 48 Sayles Avenue			City	1 .	State	Zip
- ··· - · · · · · · · · · · · · · · · ·			Pautro		KE	02860
List ALL officers (names and add President Name	Check the box to indicate an attachment					
Faith Knowles			Vice-President Name DONCE Temper			
Street Address Sayles Avenue			Street Address Horace Street			
Parotocket	State	^{Zio} 02860	City Day 1	2000	State	Zip 02909
Secretary Name	, pa		Treasurer Name	et D	1\n <u>l</u>	•
Street Address D. C. C.			Street Address A A A A A A A A A A A A A A A A A A			
City 1 1	State 0	7ip	City)	Me IYL	State Drive	7in
VAITAGANSETT	KT	02872	Unba	lond	RI	02 864
7. List ALL directors (names and ad	aresses). RI Corp	orations MUST lis	t at least THREE dire		k the box to indicate	e an attachment
Director Name Chris Kane			Director Name CKip Sea Veita			
Street Address Washington Stret			Street Address Street Address Ottage Street			
City PCALL SEACE	State RT	Zip Od On ?	City	Slot	State RI	Zip
Director Name		COMMO	Director Name	U(C)	7	10000
Street Address			Street Address			
	quenue				T 2	
city Seekank	State MA	2ip 0277 1	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.						
Under penalty of perjury, I declar statements, and that all statemer	re and affirm that nts contained her	l have examined rein are true and	this report, includir	ng any accomp	panying schedule	es and
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative Date 5/16/17						
Signature of Officer/Authorized Representative						
Laton Knowles I FII FD						
MAIL TO:						

Phone: (401) 222-3040 Website: www.sos.ri.gov

FORM 631 - Revised: 02/2017