



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

Annual Report for the year:
Non-Profit Corporation

2016

FILED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

2017 MAY 16 PM 12:36

1. Entity ID Number 000144007		2. Exact name of the Corporation Friends of Excellence in Arts Education	
3. State of Incorporation R.I.		4. Brief description of the character of business conducted in Rhode Island a 501c3 that supports quality arts in education; visual arts, music, theater & dance	
5. Principal Office Address 48 Sayles Avenue		City Pawtucket	State RI
		Zip 02860	
6. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Faith Knowles		Vice-President Name Donna Jeffrey	
Street Address 48 Sayles Avenue		Street Address 17 Horace Street	
City Pawtucket	State RI	City Providence	State RI
Zip 02860		Zip 02909	
Secretary Name Julie L. Boulet		Treasurer Name Scott Bearegard	
Street Address 27 Onandega Road		Street Address 12 Anna Mae Drive	
City Narragansett	State RI	City Cumberland	State RI
Zip 02882		Zip 02864	
7. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Chris Kane		Director Name Skip Sequeira	
Street Address 521 Washington Street		Street Address 411 Cottage Street	
City Providence	State RI	City Pawtucket	State RI
Zip 02903		Zip 02860	
Director Name Elizabeth Fastason		Director Name	
Street Address 30 Dexter Avenue		Street Address	
City Seekonk	State MA	City	State
Zip 02771		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 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.			
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</i>			
Name of Officer/Authorized Representative Faith Knowles			Date 5/16/17
Signature of Officer/Authorized Representative <i>Faith Knowles</i>			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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