RI SOS Filing Number: 201744079770 Date: 6/1/2017 4:00:00 PM

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

2017 JUN -1 AM 11:03

Annual Report for the year: 2017
Non-Profit Corporation

→ 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: 159967	2. Exact name of the Corporation: Notable Works Publication and Distribution Co. Inc
3. State of Incorporation: RI	5. Brief description of the character of business conducted in Rhode Island: We are an arts organization which raises awareness for social and environmental issues through the arts while providing a venue to local artists, musicians and poets.
4. NAICS Code: 813319	

6. Principal Office Address	City	State	Zip
23 Everly St Cranston RI 02920	Cranston	RI	02920

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Bina T. Gebres			Vice-President Name: Noreen Inglesi		
Street Address: 25 Everly St			Street Address: 25 Everly St		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Secretary Name: Barbara Pavone			Treasurer Name: Tina Bernard		
Street Address: 1674 Plainfield Pike			Street Address: 720 South Rd		
City: Cranston	State: RI	Zip: 02920	City: Wakefield	State: RI	Zip: 02879

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. — Check the box to indicate an attachment ☐

Director Name: Ann Tanzi			Director Name: Mary Inglesi		
Street Address: 120 Argyle St			Street Address: 23 Everly St		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920
Director Name: Kathy Gormley			Director Name: Mary Ann Rossini		
Street Address: 308 Budlong Rd			Street Address: 64 Lauriston St		
City: Cranston	State: RI	Zip: 02920	City: Providence	State: RI	Zip: 02906

9. 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.

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
Bina T. Gebres	5/28/2017

Signature of Officer/Authorized Representative: Bina T. Gebres

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BY 1314

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

FORM 631 - Revised: 05/2017