



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000031173

2. Name of Corporation RHODE ISLAND WATERCOLOR SOCIETY

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
813990

4. Corporate Address in Rhode Island

No. and Street: SLATER MEMORIAL PARK
ARMISTICE BLVD

City or Town: PAWTUCKET State: RI Zip: 02861 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

ART ASSOCIATION, CLASSES, WORKSHOPS AND DISPLAYS OF ARTWORK

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JACKIE CANNA HABIG	20 CAPONE ROAD FOXBORO, MA 02035 USA
TREASURER	DENNIS FINLAY	38 MEADOW VIEW DR SMITHFIELD, RI 02917 USA
SECRETARY	DYAN ROOK	PO BOX 277, 1170 WEST ST SHELDONVILLE, MA 02070 USA
ASSISTANT SECRETARY	ELINOR THOMPSON	200 SHAW AVE CRANSTON, RI 02905 USA
VICE PRESIDENT	LESLIE GODFREY	4 BRICK POND DR BARRINGTON, RI 02806 USA
DIRECTOR	ALYCE CROWELL	285 EAST MAIN STREET #32 NORTON, MA 02766 USA
DIRECTOR	EVELYN BERNAL	72 BOULEVARD AVE LINCOLN, RI 02865 USA
DIRECTOR	PAULA CORREIRA	60 OAKDALE ST #25 ATTLEBORO, MA 02703 USA
DIRECTOR	JACQUELYN HAYES	10 JASON CIRCLE NORTH ATTLEBORO, MA 02760 USA
DIRECTOR	EILEEN MCALLISTER	27 HARVESTWOOD LANE MANSFIELD, MA 02048 USA
DIRECTOR	DENISE PETRIN	557 BLACK PLAIN RD NORTH SMITHFIELD, RI 02896 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

SAMUEL GREEN SLATER MEMORIAL PARK ARMISTICE BOULEVARD PAWTUCKET , RI 02861

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

Signed this 8 Day of June, 2017 at 3:33:50 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By LISA PAOLINO
Signature of Authorized Person

Form No. 631
Revised 09/07

