



**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.** 000031001

**2. Name of Corporation** SCITUATE ART FESTIVAL, INC.

**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

8134

**4. Corporate Address in Rhode Island**

No. and Street: 25 DANIELSON PIKE

P.O. BOX 46

City or Town: NORTH SCITUATE

State: RI

Zip: 02857

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**

ENCOURAGING ARTS AND CRAFTS, CONDUCTING ART FESTIVALS AND EXHIBITIONS AND TO USE THE PROCEEDS THEREFROM FOR CIVIC, CULTURAL, ARTISTIC AND EDUCATIONAL AND OTHER CHARITABLE PURPOSES.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	PAUL LEVEILLEE	256 WESTCOTT ROAD N SCITUATE, RI 02857 USA
TREASURER	KATHLEEN L KNIGHT BIANCHI	130 PEEPTOAD ROAD N SCITUATE, RI 02857 USA
ASSISTANT TREASURER	ROBERT PROVOST	24 WALKER WAY N SCITUATE, RI 02857 USA
VICE PRESIDENT	SHEILA DURFEE	45 DEERFIELD DRIVE N SCITUATE, RI 02857 USA
DIRECTOR	REGINALD CENTRACCHIO	342 OLD PLAINFIELD PIKE SCITUATE, RI 02857 USA
DIRECTOR	WARNER DAUPHINEE	51 ORCHARD DRIVE HOPE, RI 02831 USA
DIRECTOR	ROBERT FISHMAN	576 CENTRAL PIKE N SCITUATE, RI 02857 USA
DIRECTOR	KIM RODERICK	32 ORCHARD DRIVE HOPE, RI 02831 USA
DIRECTOR	BRENDA FREDERICKSON	1051 CHOPMIST HILL ROAD SCITUATE, RI 02857 USA
DIRECTOR	KRISTEN BANNON	34 DEERFIELD DRIVE N SCITUATE, RI 02857 USA
DIRECTOR	JULIE AWWAD	170 TRIMTOWN ROAD N SCITUATE, RI 02857 USA
DIRECTOR	CELESTE LEVEILLEE	256 WESTCOTT ROAD N SCITUATE, RI 02857 USA
DIRECTOR	LILY ZARLI	263 BUNGY ROAD N SCITUATE, RI 02857 USA
DIRECTOR	WENDY WHITFORD GOULD	29 INSTITUTE LANE #19 N SCITUATE, RI 02857 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**

KATHLEEN L. BIANCHI 130 PEEPTOAD ROAD NORTH SCITUATE , RI 02857

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

**Signed this 26 Day of June, 2017 at 2:02:19 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 KATHLEEN L KNIGHT BIANCHI  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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