



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2017

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2017 JUN 28 PM 3:18

1. Entity ID Number 141751		2. Exact name of the Corporation MUSICA MARIS	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PRODUCTION OF CLASSICAL MUSIC CONCERTS	
4. NAICS Code 813990			
6. Principal Office Address 69 LAWTON FOSTER SOUTH		City HOPKINTON	State RI
		Zip 02833	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name FLORENCE HERMAN		Vice-President Name JOHN NELSON	
Street Address 125 WILLIAMS ST		Street Address 601 W. MAIN RD	
City DARTMOUTH	State MA	City LITTLE COMPTON	State RI
Zip 02748		Zip 02837	
Secretary Name MARIA ELENA GIUSTI		Treasurer Name MICHAEL BAHMANN	
Street Address 69 LAWTON FOSTER SOUTH		Street Address 69 LAWTON FOSTER SOUTH	
City HOPKINTON	State RI	City HOPKINTON	State RI
Zip 02833		Zip 02833	
8. 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 FLORENCE HERMAN		Director Name JOHN NELSON	
Street Address 125 WILLIAMS ST		Street Address 601 WEST MAIN ROAD	
City DARTMOUTH	State MA	City LITTLE COMPTON	State RI
Zip 02748		Zip 02837	
Director Name MARIA ELENA GIUSTI		Director Name MICHAEL BAHMANN	
Street Address 69 LAWTON FOSTER SOUTH		Street Address 69 LAWTON FOSTER SOUTH	
City HOPKINTON	State RI	City HOPKINTON	State RI
Zip 02833		Zip 02833	
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 MICHAEL BAHMANN			Date June 28th 2017
Signature of Officer/Authorized Representative 			

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

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BY CM 307172