



State of Rhode Island and Providence Plantations

Department of State - Business Services Division


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 66345		2. Exact name of the Corporation OCEAN STATE ARTISANS			
3. State of Incorporation RHODE ISLAND		5. Brief description of the character of business conducted in Rhode Island TO RAISE THE ARTISTIC CONSCIENCE OF RHODE ISLANDERS THROUGH VARIOUS MEDIUMS			
4. NAICS Code 813910 - Business Association					
6. Principal Office Address 55 ISLAND DRIVE			City COVENTRY	State RI	Zip 02816
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SUSAN KEENAN			Vice-President Name NANCY BUFFERY		
Street Address 76 HURON STREET			Street Address 104 DUNCAN CIRCLE		
City PROVIDENCE	State RI	Zip 02908	City WARWICK	State RI	Zip 02886
Secretary Name TERRY HAYDT			Treasurer Name PAUL DICARLO		
Street Address 102 BEVERLY ROAD			Street Address 55 ISLAND DRIVE		
City RIVERSIDE	State RI	Zip 02915	City COVENTRY	State RI	Zip 02816
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 NORMA MCENTEE			Director Name MARY LARSON		
Street Address 2164 CRANSTON STREET			Street Address 11 CAROLL AVENUE		
City CRANSTON	State RI	Zip 02920	City NEWPORT	State RI	Zip 02840
Director Name ELLEN FUCILLE			Director Name		
Street Address 57 EVERGREEN AVENUE			Street Address		
City MIDDLETOWN	State RI	Zip 02842	City	State	Zip
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.					
<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 PAUL DICARLO				Date 6/28/17	
Signature of Officer/Authorized Representative 					

FILED

JUN 30 2017

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