



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