



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR**

2017

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>83 847</b>		2. Exact name of the Corporation <b>PEBLON GALLERY Corp</b>			
3. State of Incorporation <b>RI</b>		4. Brief description of the character of business conducted in Rhode Island <b>TAX EXEMPT ART GALLERY</b>			
5. Principal office address <b>134 PROVIDENCE AVE</b>			City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>LISA TOBIN</b>			Vice-President Name		
Street Address <b>131 BUSHNET DR</b>			Street Address		
City <b>MIDDLETOWN</b>	State <b>RI</b>	Zip <b>02842</b>	City	State	Zip
Secretary Name <b>MARION WILNER</b>			Treasurer Name <b>RONALD CAPLAN</b>		
Street Address <b>786 MARLSON ST</b>			Street Address <b>245 ALBANY ST</b>		
City <b>FALL RIVER</b>	State <b>MA</b>	Zip <b>02720</b>	City <b>FALL RIVER</b>	State <b>MA</b>	Zip <b>02720</b>
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <b>MUST</b> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>VALERIE DEBRULE</b>			Director Name <b>VALERIE SHEEHAN</b>		
Street Address <b>11 CHERRY CREEK RD</b>			Street Address <b>1ST RHODE ISLAND AVE</b>		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>
Director Name <b>KAREN NASH</b>			Director Name		
Street Address <b>104 JOHN ST</b>			Street Address		
City <b>NEWPORT</b>	State <b>RI</b>	Zip <b>02840</b>	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

**Ronald Caplan**  
 Signature of Officer

**7/14/17**  
 Date

**RONALD CAPLAN**  
 Print or Type Name of Officer

**TREASURER**  
 Title of Officer

**FILED**

**JUL 19 2017**

BY **1405 DS**