



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 73173	2. Exact name of the Corporation Tiverton Four Corners Center for Arts Education
3. State of Incorporation RI	5. Brief description of the character of business conducted in Rhode Island Promote & provide the Arts at Tiverton Four Corners - Surrounding Farm Coast Region
4. NAICS Code 711310	

6. Principal Office Address 3852 Main Road	City Tiverton	State RI	Zip 02878
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7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name Roseland M. Weir			Vice-President Name Katherine Lovell		
Street Address 26 River Road			Street Address 3895 Main Road		
City Westport	State MA	Zip 02790	City Tiverton	State RI	Zip 02878
Secretary Name Tiffany Peay			Treasurer Name		
Street Address 3831 Main Rd			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip

8. List ALL directors (names and addresses). RI Corporations **MUST** list at least **THREE** directors. Check the box to indicate an attachment

Director Name Stephen Kinnane			Director Name Charlie Barmonde		
Street Address 3842 Main Road			Street Address 18 East Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Director Name Peggy Sebrandt			Director Name		
Street Address 3831 Main Road			Street Address		
City Tiverton	State RI	Zip 02878	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.

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 Jennifer Sunderland	Date 7.11.2017
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Signature of Officer/Authorized Representative

FILED
 JUL 20 2017
 BY 3116

MAIL TO:
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 Website: www.sos.ri.gov