



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.

1. Entity ID Number 000576115		2. Exact name of the Corporation OCEAN STATE POETS	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PROMOTE THE STUDY AND ENJOYMENT OF POETRY, BRINGING POETRY TO UNDERSERVED POPULATIONS.	
4. NAICS Code 813990			
6. Principal Office Address 118 SAUGA AVE		City NORTH KINGSTOWN	State RI
		Zip 02852	
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name KATHLEEN OKULA		Vice-President Name JULIANA ANDERSON	
Street Address 118 SAUGA AVE		Street Address 43 THAYER ST	
City NORTH KINGSTOWN	State RI	City PROVIDENCE	State RI
Zip 02852		Zip 02906	
Secretary Name CAROL ANDERHEGGEN		Treasurer Name HEATHER SULLIVAN	
Street Address 793 BRISTOL FERRY RD		Street Address 287 TURNPIKE AVE APT 2	
City PORTSMOUTH	State RI	City PORTSMOUTH	State RI
Zip 02852		Zip 02871	
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐			
Director Name PAT LAROSE		Director Name HEATHER SULLIVAN	
Street Address 38 BEDFORD DRIVE		Street Address 287 TURNPIKE AVE APT 2	
City WAKEFIELD	State RI	City PORTSMOUTH	State RI
Zip 02879		Zip 02871	
Director Name LISA STARR		Director Name	
Street Address 276B SHORE RD		Street Address	
City WESTERLY	State RI	City	State
Zip 02891		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 William T. Okula			Date 6/29/2017
Signature of Officer/Authorized Representative			

FILED

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

AUG 25 2017

BY

FORM 631 - Revised: 3/5/2017