



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

2017

Non-Profit Corporation

STAMP

→ 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 000093607		2. Exact name of the Corporation The Artist's Cooperative Gallery of Westerly, Inc.	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To provide a venue for the education of artists at all levels of expertise	
4. NAICS Code 813319 - Other Social Advoc			
6. Principal Office Address 7 Canal St		City Westerly	State RI
		Zip 02891	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Arlene Piacquaido		Vice-President Name Daniel Marantz	
Street Address 129 Westerly Bradford Rd		Street Address 33 Urso Dr	
City Westerly	State RI	City Westerly	State RI
Zip 02891		Zip 02891	
Secretary Name Lynn Anderson		Treasurer Name Ardie James Harrison	
Street Address 91 Noble Avenue		Street Address 9 Rainbow Court	
City Noank	State CT	City Quaker Hill	State CT
Zip 06340		Zip 06375	
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 Arlene Piacquadio		Director Name Ardie James Harrison	
Street Address 129 Westerly Bradford Rd		Street Address 9 Rainbow Court	
City Westerly	State RI	City Quaker Hill	State CT
Zip 02891		Zip 06375	
Director Name Lynn Anderson		Director Name	
Street Address 91 Noble Avenue		Street Address	
City Noank	State CT	City	State
Zip 06340			
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 642.			
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 Arlene Piacquadio		Date 5/1/18	
Signature of Officer/Authorized Representative <i>Arlene Piacquadio</i>		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

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FORM 631 - Revised: 11/2017