



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
 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 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	Zip 02891	City Westerly	State RI	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	Zip 06340	City Quaker Hill	State CT	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	Zip 02891	City Quaker Hill	State CT	Zip 06375
Director Name Lynn Anderson			Director Name		
Street Address 91 Noble Avenue			Street Address		
City Noank	State CT	Zip 06340	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative <i>Arlene Piacquaido</i>				Date <i>5/1/18</i>	
Signature of Officer/Authorized Representative <i>Arlene Piacquaido</i>				SIGN DOCUMENT HERE FILED	

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 SECRETARY'S DIV
 CORPORATION DIV
 2018 MAY -2 AM 11:13

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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BY *ca 329829*