State of
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Rhode Island and Providence Plantations

rtment of State - Business Services Division

Annual Report for the year: **Non-Profit Corporation**

2016

31F ...

- → 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	Brief description of the character of business conducted in Rhode Island						
RI	To provide a venue for the education of artists at all levels of expertise						
4. NAICS Code	1						
813319 - Other Social Advoc							
Principal Office Address	. 		City	State	Zıp		
7 Canal St			Westerly	RI	02891		
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
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	^{Zıp} 02891		
Secretary Name Lynn Anderson	Treasurer Name Ardie Jame		es 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 indicess an attention of the control of t							
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	Zıp		
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 Arlene Piacquaido			Date 5////	Date 5////2			
Signature of Officer/Authorized Representative SIGN DOCUMENT HERFILED							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 0 2 2018 [1.15

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