RI SOS Filing Number: 201865881960 Date: 5/16/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

**Department of State - Business Services Division**

**Annual Report for the year:** 2018

**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 | 2. Exact name of the Corporation |
|---|---|
| 000064351 | American Indian Stone Art, Inc |
| 3. State of Incorporation: RI | 5. Brief description of the character of business conducted in Rhode Island: lectures, art displays on Native American Art |
| 4. NAICS Code: 92150 | |

| 6. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 639C South County Trail | Exeter | RI | 02822 |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Vice-President Name |
|---|---|
| Sharon E. Alexander | Alan S. Jackson |
| Street Address: 639C South County Trl | Street Address: 147 Bowen St 2F |
| City: Exeter State: RI Zip: 02822 | City: Fall River State: MA Zip: 02724 |
| **Secretary Name** | **Treasurer Name** |
| Anna L. Jackson | Anna L. Jackson |
| Street Address: 14 Coggeshall Ave | Street Address: 14 Coggeshall Ave |
| City: Natick State: RI Zip: 02882 | City: Natick State: RI Zip: 02882 |

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

| Director Name | Director Name |
|---|---|
| Myers N. Jackson | Brittany Johnson |
| Street Address: 14 Coggeshall Ave | Street Address: 2680 South County Trl #201 |
| City: Natick State: RI Zip: 02882 | City: EG State: RI Zip: 02818 |
| **Director Name** | **Director Name** |
| Shirleen Rose | |
| Street Address: 209 Nathaniel Rd | Street Address: |
| City: NK State: RI Zip: 02852 | 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 | Date |
|---|---|
| Sharon E. Alexander, Pres | 5/13/18 |

Signature of Officer/Authorized Representative: [signature]

SIGN DOCUMENT **FILED**

MAY 16 2018

BY 184 A.A

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

FORM 631 - Revised: 11/2017