



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

FILED
 JUN 07 2018

BY 557
[Signature]

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 001667292		2. Exact name of the Corporation The Schubert Club			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Teaching Students of all ages for the purpose of increasing knowledge and understanding of musical skills and technique.			
4. NAICS Code 813920 - Professional Orgar					
6. Principal Office Address 256 Weybosset St.		City Providence	State RI	Zip 02903	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Eleanor B. Calvin		Vice-President Name Amy Korim			
Street Address 146 Carl Road		Street Address 34 N. Belcher Ave.			
City Raynham	State MA	Zip 02767	City Brockton	State MA	Zip 02301
Secretary Name Maria Rivera White		Treasurer Name Sandra Evans			
Street Address 506 Elm St. East		Street Address 36 Chessman Drive			
City Raynham	State MA	Zip 02767	City Sharon	State MA	Zip 02067
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 Carmella Aspri		Director Name Faye Maris			
Street Address 26 Founder Ave.		Street Address 9 Echo Drive			
City Warwick	State RI	Zip 02886	City Barrington	State RI	Zip 02806
Director Name Judith Niles		Director Name			
Street Address 27 Warren St. East		Street Address			
City Raynham	State MA	Zip 02767	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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Eleanor B. Calvin <i>Eleanor B. Calvin</i>				Date June 5, 2018	
Signature of Officer/Authorized Representative <p style="text-align: center;">SIGN DOCUMENT HERE</p>					