



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

Annual Report for the year: 2015
 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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 2018 JUN 18 AM 11:26

1. Entity ID Number 788-SD3		2. Exact name of the Corporation Visual Art Library Inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Art Reference Library- Non-Profit			
4. NAICS Code 519120					
6. Principal Office Address Suite # 108 165 State Street		City New London	State CT	Zip 06320	
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name George H. Waterman, III			Vice-President Name		
Street Address 155 Wooster Street, 6W			Street Address		
City New York	State NY	Zip 10012	City	State	Zip
Secretary Name Susan P. Firestone			Treasurer Name		
Street Address 59 Wooster Street #3			Street Address		
City New York	State NY	Zip 10012	City	State	Zip
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 George H. Waterman, III			Director Name Jorie M. Waterman		
Street Address 155 Wooster Street 6R			Street Address 400 Grove Street		
City New York	State NY	Zip 10012	City San Francisco	State CA	Zip 94102
Director Name Susan P. Firestone			Director Name		
Street Address 59 Wooster Street #3			Street Address		
City New York	State NY	Zip 10012	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 George H. Waterman, III President				Date June 6th, 2018	
Signature of Officer/Authorized Representative 				FILED	

JUN 08 2018

BY ca 332277

11:28

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov