



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.

FILED

JUN 11 2018

BY

1. Entity ID Number 26584		2. Exact name of the Corporation Anyart: Contemporary Arts Center			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To further the creative arts			
4. NAICS Code 711510					
6. Principal Office Address 71 Elmgrove Ave.			City Providence	State RI	Zip 02906
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Keith Waldrop			Vice-President Name Rosmarie Waldrop		
Street Address 71 Elmgrove Ave.			Street Address 71 Elmgrove Ave.		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Alison Bundy			Treasurer Name Gale Nelson		
Street Address 5 Carver St.			Street Address 146 Raleigh Ave.		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
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 Denny Moers			Director Name Irene Jordan		
Street Address 38 Viola Ave.			Street Address 141 Allen Ave.		
City Riverside	State RI	Zip 02915	City Riverside	State RI	Zip 02915
Director Name Sam Daoud			Director Name		
Street Address 5 Carver St.			Street Address		
City Pawtucket	State RI	Zip 02860	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 Rosmarie Waldrop				Date 6/5/2018	
Signature of Officer/Authorized Representative <i>Rosmarie Waldrop</i> SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov