



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

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STATE  
SECRETARY OF STATE  
CORPORATIONS DIV  
2018 JUN 28 AM 11:19

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<br>001668183   |             | 2. Exact name of the Corporation<br>TRADITIONAL ARTS PARTNERS   |             |
| 3. State of Incorporation<br>R.I.  |             | 5. Brief description of the character of business conducted in Rhode Island<br>To identify, document, and support traditional artists in Ri, New England and beyond - Provide educational residencies and apprenticeships |             |
| 4. NAICS Code<br>813219  |             |   |             |
| 6. Principal Office Address<br>8 TABLE ROCK RD.  |             | City<br>LINCOLN   | State<br>RI |
|  |             | Zip<br>02865  |             |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |             |   |             |
| President Name<br>W. LAMBRECHT   |             | Vice-President Name<br>L. WILLIAMSON  |             |
| Street Address<br>8 TABLE ROCK RD  |             | Street Address<br>1 ELIZABETH LANE  |             |
| City<br>LINCOLN  | State<br>RI | City<br>HARTFORD  | State<br>CT |
| Zip<br>02865   |             | Zip<br>   |             |
| Secretary Name<br>ELLEN McHALE   |             | Treasurer Name<br>  |             |
| Street Address<br>% NY FOLKLORE SOC.   |             | Street Address<br>  |             |
| City<br>SCHENECTADY  | State<br>NY | City<br>  | State<br>   |
| Zip<br>  |             | Zip<br>   |             |
| 8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |             |   |             |
| Director Name<br>LARA MARCUS-GREEN   |             | Director Name<br>ELLEN McHALE   |             |
| Street Address<br>% MCKISSICK MUSEUM   |             | Street Address<br>% NY FOLKLORE SOC.  |             |
| City<br>COLUMBIA   | State<br>SC | City<br>SCHENECTADY   | State<br>NY |
| Zip<br>  |             | Zip<br>   |             |
| Director Name<br>LYNNE WILLIAMSON  |             | Director Name<br>   |             |
| Street Address<br>% 1 Elizabeth Lane   |             | Street Address<br>  |             |
| City<br>HARTFORD   | State<br>CT | City<br>  | State<br>   |
| Zip<br>  |             | Zip<br>   |             |
| 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<br>W. LAMBRECHT  |             | Date<br>June 28 2018  |             |
| Signature of Officer/Authorized Representative<br>   |             | SIGN DOCUMENT HERE  |             |

FILED

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

JUN 28 2018

BY 333785

FORM 631 - Revised: 11/2017