



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

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