



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV

2018 JUL -2 PM 1: 16

1. Entity ID Number 000576115		2. Exact name of the Corporation Ocean STATE POETS			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Sharing, promoting and teaching poetry through workshops and readings.			
4. NAICS Code 813990					
6. Principal Office Address 118 Sauga Ave.			City North Kingstown	State RI	Zip 02852
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Juliano Anderson			Vice-President Name Patricia LaRose		
Street Address 43 Thayer St.			Street Address 38 Bedford Dr.		
City Providence	State RI	Zip 02906	City Wakefield	State RI	Zip 02879
Secretary Name Harry Krips			Treasurer Name Heather Sullivan		
Street Address 50 Hillsdale Rd.			Street Address 287 Turnpike Ave. Apt. 2		
City Richmond	State RI	Zip 02892	City Portsmouth	State RI	Zip 02871
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 Lisa Starr			Director Name Carol Auerhegen		
Street Address 276 B Shore Rd.			Street Address 793 Bristol Ferry Rd.		
City Westerly	State RI	Zip 02891	City Portsmouth	State RI	Zip 02871
Director Name Kate O'Kula			Director Name		
Street Address 118 Sauga Ave.			Street Address		
City North Kingstown	State RI	Zip 02852	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.					
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</small>					
Name of Officer/Authorized Representative Patricia E LaRose, Vice-President					Date 6/29/2018
Signature of Officer/Authorized Representative Patricia E LaRose					FILED
SIGN DOCUMENT HERE					JUL 02 2018

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

BY MU 334059