



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. Corporate ID No. 000946459

2. Name of Corporation UPP Arts

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
813319

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 27296
City or Town: PROVIDENCE State: RI Zip: 02907 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:
City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO ESTABLISH A NONPROFIT ARTS INITIATIVE DEVOTED TO EDUCATING AND EMPOWERING YOUTH, FAMILIES AND COMMUNITY MEMBERS ABOUT THE CAUSES, CONSEQUENCES AND SOLUTIONS TO THE ENVIRONMENTAL ISSUES FACING LOCAL WATERBODIES. THE ORGANIZATION IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	LAURA MAXWELL	46 CRESCENT ST. PROVIDENCE, RI 02907 USA
TREASURER	BARBARA MORIN	56 ARDOENE ST. PROVIDENCE, RI 02907 USA
SECRETARY	TIM LEHNERT	137 BLACKAMORE AVE. CRANSTON, RI 02910 USA
DIRECTOR	LAURA MAXWELL	46 CRESCENT ST. PROVIDENCE, RI 02907 USA
DIRECTOR	TIM LEHNERT	137 BLACKAMORE AVE. CRANSTON, RI 02910 USA
DIRECTOR	BARBARA MORIN	56 ARDOENE ST. PROVIDENCE, RI 02907 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

HOLLY EWALD 35 S ATLANTIC AVE WARWICK , RI 02888

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 5 Day of July, 2018 at 4:34:46 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By HOLLY S EWALD
Signature of Authorized Person

Form No. 631
Revised 09/07