



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.

|  |                 |  |   |                    |                           |
|--|-----------------|--|---|--------------------|---------------------------|
| 1. Entity ID Number<br><b>000507917</b>  |                 | 2. Exact name of the Corporation<br><b>The Poetry Loft</b>   |   |                    |                           |
| 3. State of Incorporation<br><b>RI</b>   |                 | 5. Brief description of the character of business conducted in Rhode Island<br><b>TO PROMOTE EXCELLENCE AND EDUCATION IN POETRY; TO HELP WRITERS BECOME PUBLISHED.</b> |   |                    |                           |
| 4. NAICS Code<br><b>813990 - Other Similar Organ</b>   |                 |  |   |                    |                           |
| 6. Principal Office Address<br><b>99 Cranberry Terrace</b>   |                 |  | City<br><b>Cranston</b>                 | State<br><b>RI</b> | Zip<br><b>02921</b>       |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                 |  |   |                    |                           |
| President Name <b>Beatrice Lazarus</b>   |                 |  | Vice-President Name                     |                    |                           |
| Street Address <b>99 Cranberry Terrace</b>   |                 |  | Street Address                          |                    |                           |
| City <b>Cranston</b>   | State <b>RI</b> | Zip <b>02921</b>   | City                                    | State              | Zip                       |
| Secretary Name   |                 |  | Treasurer Name                          |                    |                           |
| Street Address   |                 |  | Street Address                          |                    |                           |
| City   | State           | Zip  | City                                    | State              | Zip                       |
| 8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                 |  |   |                    |                           |
| Director Name <b>Beatrice Lazarus</b>  |                 |  | Director Name <b>Aaron B. Cullen</b>    |                    |                           |
| Street Address <b>99 Cranberry Terrace</b>   |                 |  | Street Address <b>3 Celestia Avenue</b> |                    |                           |
| City <b>Cranston</b>   | State <b>RI</b> | Zip <b>02921</b>   | City <b>Cranston</b>                    | State <b>RI</b>    | Zip <b>02920</b>          |
| Director Name <b>Bruce A. Lazarus</b>  |                 |  | Director Name                           |                    |                           |
| Street Address <b>99 Cranberry Terrace</b>   |                 |  | Street Address                          |                    |                           |
| City <b>Cranston</b>   | State <b>RI</b> | Zip <b>02921</b>   | 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.  |                 |  |   |                    |                           |
| <b>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.</b>        |                 |  |   |                    |                           |
| <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<br><b>Beatrice Lazarus</b> <i>Beatrice Lazarus</i>   |                 |  |   |                    | Date<br><b>07/25/2018</b> |
| Signature of Officer/Authorized Representative <i>Beatrice Lazarus</i>   |                 |  |   |                    |                           |

SIGNATURE

FILED

JUL 27 2018

BY

1044

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov