



Department of State - Business Services Division

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CORPORATIONS DIV
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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. Entry ID Number 000551937		2. Exact name of the Corporation The Art Connection in Rhode Island			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Solicits local artists who donate original art to be placed at community service nonprofit agencies serving vulnerable populations.			
4. NAICS Code 711410					
6. Principal Office Address 36 Park Place #2		City Pawtucket		State RI	Zip 02860
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James Scott			Vice-President Name Herman Brewster		
Street Address PO Box 144, 56 Alpine Way			Street Address 146 Forth St		
City Slatersville	State RI	Zip 02816	City Providence	State RI	Zip 02906
Secretary Name James Cullen			Treasurer Name Jane Bassman		
Street Address 137 Bay Spring Ave			Street Address 9 Oriole Ave		
City Barrington	State RI	Zip 02806	City Providence	State RI	Zip 02906
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 Wendy Ingram			Director Name Tom Blair		
Street Address 197 Elmgrove Ave			Street Address 45 W Carpenter St		
City Providence	State RI	Zip 02906	City South Attleboro	State MA	Zip 02703
Director Name Cindy Petruccillo			Director Name		
Street Address 150 Forth St			Street Address		
City Providence	State RI	Zip 02906	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.					
<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 Wendy Ingram				Date 2/14/19	
Signature of Officer/Authorized Representative					
SIGN DOCUMENT FILED					

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BY **KL 1485**