RI SOS Filing Number: 201986847300 Date: 2/14/2019 4:00:00 PM



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.

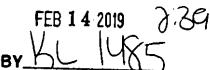
2019 FEB 14	SEONE TAR	
PH 2	SXOFE S 30 SSOFE SOFE SOFE SOFE SOFE SOFE SOFE SOF	

				~~~	<del>()</del> ()		
1. Entity ID Number	2. Exact name of the Corporation			39	< <u></u>		
000551937	The Art Connection in Rhode Island						
3. State of Incorporation	5. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Solicits local artists who donate original art to be placed at community service nonprofit agencies						
4. NAICS Code	serving vulnera	ible populations	5.				
711410							
6. Principal Office Address			City	State	Zip		
36 Park Place #2			Pawtucket	RI	02860		
7. List ALL officers (names and addresses)  Check the box to indicate an attachment							
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							
Director Name Wendy Ingram			Director Name Tom Blair				
Street Address 197 Elmgrove Ave			Street Address 45 W Carpenter St				
City Providence	State RI	Zip <b>02906</b>	City South Attleboro	State MA	Zip <b>02703</b>		
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 Islan	nd. This information	is currently of reco	rd in the Department of State. Chang	ges require filing Form 64	1.		
Under penalty of perjury, I decla statements, and that all stateme				ccompanying schedu	les and		
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.							
Name of Officer/Authorized Representative  WMY Transmission  Signature of Offider/Asthorized Representative				Date 2/14/17	•		
Signature of Officer/Asthorized Representative SIGN DOCUME TO SERVICE OF SIGN DOCUMENTS.							

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 631 - Revised: 11/2017