



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 DIVISION

2019 FEB 19 PM 1:53

1. Entity ID Number 000791440		2. Exact name of the Corporation Lovecraft Arts and Sciences Council, inc.			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Educational organization for literary author H.P. Lovecraft, dedicated to local culture, history, and literary events, including conventions, art shows, and a visitor center / bookstore.			
4. NAICS Code 711410					
6. Principal Office Address 21 Burrows Street			City Providence	State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Niels-Viggo S. Hobbs			Vice-President Name Carmen Marusich		
Street Address 21 Burrows Street			Street Address 31 Linden Street #1		
City Providence	State RI	Zip 02907	City Brookline	State MA	Zip 02445
Secretary Name Allison Rich			Treasurer Name Catherine Grant		
Street Address 155 Yawgoo Valley Road			Street Address 174 Ives Street		
City Exeter	State RI	Zip 02822	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 Niels Hobbs			Director Name Carmen Marusich		
Street Address 21 Burrows Street			Street Address 31 Linden Street #1		
City Providence	State RI	Zip 02907	City Brookline	State MA	Zip 02445
Director Name John Richard			Director Name John Harvey		
Street Address 111 Paine Street			Street Address 57 Pierce Street		
City Cranston	State RI	Zip 02910	City East Greenwich	State RI	Zip 02818
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.					
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 Niels-Viggo S. Hobbs				Date 14 February 2019	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE FILED	