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State of Rhode Island and Providence Plantations

**Department of State - Business Services Division** 

## Annual Report for the year: Non-Profit Corporation

2018 Amended notee

- -> Filing period June 1 June 30
- → Filing Fee: \$20.00
- -> Penalty Additional \$25.00 fee if form is not filed by July 30

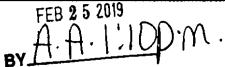
1 Entity ID Number	D Number 2. Exact name of the Corporation							
00/66/134	NARRAGAUSETT ARTS GUILD							
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island							
RI	PROFESSIONAL ASSOCIATION OF AILTISANS WHOSE PULLADSE							
4. NAICS Code	- 15 TO PRIMORE THE ANT OF LOCAL ANTISANS AND ALIVE							
813920	A VENUE FOR ME SME OF MEIR ART.							
6. Principal Office Address		City	State	Zip				
12 cypness Averue		NAMACAUSETT	RI	02882				
7. List ALL officers (names and addresses)  Check the box to indicate an attachment								
Fresident Name  DOUBLE R. CAMEZON		Vice-President Name EUZASETH LOVINO						
Street Address 12 Chones AUEWE		Street Address  Street Address  ORIVE						
CITY NAMEDOANSETT	State R( 710 0188Z	CITY CHATLESTOWN	State R)	Zip 13				
Secretary Name	1 10 10 400	Treasurer Name	1	9 000				
Street Address		Street Address						
18 VILLAGE HIL	L LANGE	C.A.	Loren	7				
NORM KINGSTOWN	State R( Zp01952	City	State	Zip				
8 List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors.  Check the box to indicate an attachment								
Director Name Donarp C	2. CAMERON	Director Name ELI ZARETI1   OVINO						
Street Address 12 CYPNE	55 AVELUE	Street Address 33 COUNTY DRIVE						
CITYNARRADIMSETT	State RI O1882	CHY	State RI	<sup>210</sup> 02813				
Director Name Susaw S		Director Name						
Street Address 78 VICUACE HUL LANE		Street Address						
NORTH KINGSTOWN	State RI Zipoze52	City	State	ZIP ROX CELL				
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641-0								
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and $\omega$ statements, and that all statements contained herein are true and correct.								
This report must be signed by either the President, Vica-President, Secretary Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee								
Name of Officer/Authorized Representative				Date 2 -22-19				
Signature of OfficertAutholized Representative FILED								

MAIL TO:

Division of Business Services

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

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



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I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

February 25, 2019 01:10 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

