



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:

Non-Profit Corporation

2018 Amended notice

→ 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 001661734		2. Exact name of the Corporation NARRAGANSETT ARTS GUILD	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island PROFESSIONAL ASSOCIATION OF ARTISANS WHOSE PURPOSE IS TO PROMOTE THE ART OF LOCAL ARTISANS AND PROVIDE A VENUE FOR THE SALE OF THEIR ART.	
4. NAICS Code 813920			
6. Principal Office Address 12 CYPRESS AVENUE		City NARRAGANSETT	State RI
		Zip 02882	
7. List ALL officers (names and addresses). Check the box to indicate an attachment <input type="checkbox"/>			
President Name DONALD R. CAMERON		Vice-President Name ELIZABETH IOVINO	
Street Address 12 CYPRESS AVENUE		Street Address 33 COUNTRY DRIVE	
City NARRAGANSETT	State RI	City CHARLESTOWN	State RI
Zip 02882		Zip 02813	
Secretary Name SUSAN SCOTTI		Treasurer Name NONE	
Street Address 78 VILLAGE HILL LANE		Street Address	
City NORTH KINGSTOWN	State RI	City	State
Zip 02852		Zip	
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 DONALD R. CAMERON		Director Name ELIZABETH IOVINO	
Street Address 12 CYPRESS AVENUE		Street Address 33 COUNTRY DRIVE	
City NARRAGANSETT	State RI	City CHARLESTOWN	State RI
Zip 02882		Zip 02813	
Director Name SUSAN SCOTTI		Director Name	
Street Address 78 VILLAGE HILL LANE		Street Address	
City NORTH KINGSTOWN	State RI	City	State
Zip 02852		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.			
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 DONALD R. CAMERON		Date 2-22-19	
Signature of Officer/Authorized 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

FEB 25 2019
BY A.A. 1:10 P.M.



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

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

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

